

P1200000 19738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

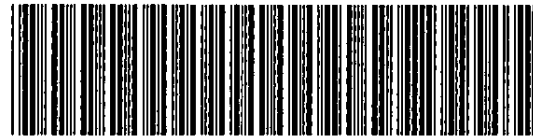
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/28/12

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PISCES RISING, TOO, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANN WINTERS

Name (Printed or typed)

2120 SUZANNE DRIVE

Address

MOUNT DORA, FLORIDA 32757

City, State & Zip

352-223-1353

Daytime Telephone number

PISCES.RISING@COMCAST.NET

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **PISCES RISING, TOO, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2120 SUZANNE DRIVE
MOUNT DORA, FL
32757

Mailing address, if different is:
239 WEST 4th AVENUE
MOUNT DORA, FL
32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOOD SERVICE...OFF SITE CATERING OF A RESTAURANT ALREADY IN BUSINESS FOR 8 YEARS

ARTICLE IV SHARES

The number of shares of stock is **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANN WINTERS/PRESIDENT**
Address: **2120 SUZANNE DRIVE**
MOUNT DORA, FL
32757

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

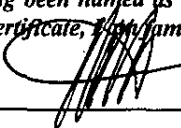
Name: **RON WINTERS**
Address: **2120 SUZANNE DRIVE**
MOUNT DORA, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ANN WINTERS**
Address: **2120 SUZANNE DRIVE**
MOUNT DORA, FL 32757

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2-22-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

2-22-2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA