P12000040253

| (Requestor's Name) | | | |
|---|------|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Statu | IS | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | : | | |
| | | | |

Office Use Only



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SEUNCIÁNY OF STATE
SEUNCIÁNY OF STATE

or 5/1/12

COVER LETTER

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

| SUBJECT: Beans & Things, Inc. | ATE NAME – <u>Must i</u> n | CLUDE SUFFIX) | |
|--|-------------------------------------|---------------------------------------|----------------------|
| Enclosed are an original and one (1) copy of the art \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certifled Copy | \$87.50 Filing Fee, | of |
| FROM: <u>Alicia M. Kelly</u> Nam | e (Printed or typed) | | |
| 3379 NE 1st Street | Address | |)/Vis 12 , |
| Homestead, FL 33033 | } , State & Zip | | APR 30 |
| 407-453-4251 | Telephone number | · · · · · · · · · · · · · · · · · · · | CED ORPORATI |
| aliciakelly2112@gmail E-mail address: (to be use | • | ort notification) | SHOI. |

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)

| The name of the corpo | Beans & Things, Inc. | SECHETARY OF STA DIVISION OF CORPORA |
|--|---|--|
| ARTICLE II PI | RINCIPAL OFFICE | STONEUNA |
| | Principal street address | Mailing address, if differents 30 PM 1: 4 |
| | 9 NE 1st Street. | · |
| _HQi | mestead, FL 33033 | |
| | | |
| ARTICLE III PU | RPOSE | |
| The purpose for which | h the corporation is organized is: | |
| • • | , | |
| Internet Busines | ss-Online sales and Marketing | |
| | | |
| | | |
| | | : |
| ARTICLE IV SI | HARES | |
| The number of shares | | • |
| | | s |
| ARTICLE V IN | IITIAL OFFICERS AND/OR DIRECTORS | |
| Name and Title: Address: | 3379 NE 1st Street | Name and Title: |
| | Homestead FL 33033 | |
| | normestead, FL 33033 | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | Name and Title: |
| Address: | | Address: |
| | | |
| | | |
| Name and Title: | | Name and Title: |
| Address: | | |
| | | |
| | <u> </u> | |
| 4 D本(C) F (II D) | GOISTERED AGENT | • |
| | a street address (P.O. Box NOT acceptable) of | the revistared agent is: |
| Name: | Alicia M. Kelly | the registered agent is. |
| Address: | 3379 NE 1st Street | |
| V | Homestead FL 33033 | |
| | , | |
| | CORPORATOR | : |
| Name: | s of the incorporator is: | |
| Address: | Alicia M. Kelly 3379 NE 1st Street | • |
| 11463 600 | Homestead, FL 33033 | • |
| | | for the above stated corporation at the place designated in stered agent and agree to act in this capacity ADAD 26.12 |
| - The state of the | Required Signature/Registered Agent | Date |
| _ | V | : |
| I submit this docume | nt and affirm that the facts stated herein are | true. I am aware that the false information submitted in a |
| accument to the Depar | rtment of State constitutes a third degree felony | as provided for in s.817.155, F.S. |
| Allie | M. Kally | April 26 12 |
| | Required Signature/Incorporator | Date |