## P12000045165

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Z	ip/Phone #)	
PICK-UP W	/AIT MAIL	
(Business Er	ntity Name)	
(Document N	lumber)	
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Offi	icer:	
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SECRETARY OF STATE
ASSESSES FI ORION



## **COVER LETTER**

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

SUBJECT:	NUMMY Mur	Chies Inc The Name - Must include Suffix)
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an ori	ginal and one (1) copy of the a	ticles of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED
FROM: _	Brian META	tost ne (Printed or typed)
395 NW Cracknel Way		
_	Lake	City FL 32055 y, Statel & Zip
	386-62 Daytime	13 - 33 40 Telephone number
	F-mail address: (to be u	2 @ MSN.Com sed 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: Name	and Marchael To	
	ny Munchies In	C.
ARTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address 1538 <u>5. Ohio</u> Hve		Mailing address, if different is:
Live Oak FL 321	<u> </u>	395 NW Crockae Way
		have city the 32055
ARTICLE III PURPOSE	. 1 *-	
The purpose for which the corporation is organiz	ed is:	7.0
Coffee Shop - diner		
and other		h. C
		ණිදු <b>ය</b>
ARTICLE IV SHARES		<u></u>
The number of shares of stock is: /(X)		
, - 0		_ C
ARTICLE V INITIAL OFFICERS AND		
Name and Title: Wendy Me Into		Title:
Address: 395 NW Crackne	Noy Address:	<del></del>
Late City Fr		44444
0	· · · · · ·	
		Fitle:
Address: 395 NW Cracking	Address:	
hape city is	~ 32055	
	<del> </del>	
		Fitle:
Address:	Address:	
CENTRAL AND A		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box I	NOT acceptable) of the registered	agent is:
Name: Brian Ms Into		
Lake Gity	H-32055	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	_1	
Name: Brian We Tuto Address: 396 NW Crack	end Way	
Like City	17 320CC	
Having been named as registered agent to accep		
this certificate, I am familiar with and accept the	appointment as registered agent i	and agree to act in this capacity
20-12-12-		5-15-17
	*1 4	6-15-12
Required Signature/Re	gisierea Agent	Date
I submit this document and affirm that the fact.	s stated herein are true. I am a	ware that the false information submitted in a
document to the Department of State constitutes of		
1/- // A	<b>*</b> "	- 17 12
		5-15-12 Date
Required Signature/	псогрогатог	Date