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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Egg Heads, 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

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: James Christoforo
Name (Printed or typed)
353 Sparrow Branch Circle
Address
St. Johns, Florida, 32259
City, State & Zip
508-889-6801
Daytime Telephone number
Jchristoforo@hotmail.com
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: Egg Heads, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

353 Sparrow Branch Circle
St. Johns, FL, 32259

12 SEP 24 PM 1:08
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 275,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Christoforo, President Name and Title: _____

Address: 353 Sparrow Branch Circle Address: _____
St. Johns, Florida 32259 _____

Name and Title: Amy Christoforo, Treasurer Name and Title: _____

Address: 353 Sparrow Branch Circle Address: _____
St. Johns, Florida 32259 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: James Christoforo
Address: 353 Sparrow Branch Circle
St. Johns, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Christoforo
Address: 353 Sparrow Branch Circle
St. Johns, FL 32259

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

James Christoforo
Required Signature/Registered Agent

9/18/2012
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.

James Christoforo
Required Signature/Incorporator

9/18/2012
Date