

P/2000082126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

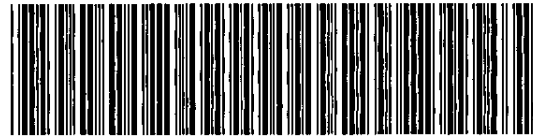
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/12--01006--004 **78.75

SEP 26 AM 3:30
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

09/27/12

COVER LETTER

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

SUBJECT: Fun Food Distributors, 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: Michael Oliveira

Name (Printed or typed)

474 Appaloosa Rd.

Address

Tarpon Springs, FL 34688

City, State & Zip

727-600-1979

Daytime Telephone number

darceyoliveira@aol.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: **Fun Food Distributors, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12003 49th St. N
Suite 305
Clearwater, FL 33762

Mailing address, if different is:

474 Appaloosa Rd.
Tarpon Springs, FL 34688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Transport

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Oliveira

Address: 474 Appaloosa Rd.
Tarpon Springs, FL 34688

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: Darcey Oliveira

Address: 7965 120th St. N
Seminole, FL 33772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Oliveira

Address: 474 Appaloosa Rd.
Tarpon Springs, FL 34688

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

Darcey Oliveira
Required Signature/Registered Agent

Sept. 13, 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.

Michael Oliveira
Required Signature/Incorporator

Sept. 13, 2012

Date

RECORDED
12 SEP 26 AM 3:30
TALLAHASSEE, FLORIDA