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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2012

## COVER LETTER

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

**SUBJECT: SOUTHERN SMOOTHIES 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: **WALTER ROBERTS**

Name (Printed or typed)

**10463 GIBSONTON DR**

Address

**RIVERVIEW, FL 33569**

City, State & Zip

**813-495-8390**

Daytime Telephone number

**goldsgymflorida@aol.com**

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

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I    NAME**            SOUTHERN SMOOTHIES INC

The name of the corporation shall be:

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address  
10463 GIBSONTON DR  
RIVERVIEW, FL 33569

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To sell protien, energy, and fruit smoothies.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Walter Roberts CEO</u>	Name and Title: _____
Address: <u>9936 azalea bloom way #513</u>	Address: _____
<u>Riverview, fl 33569</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Walter Roberts  
Address: 9936 Azalea Bloom Way  
Riverview, Fl 33569

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

Name: Walter Roberts  
Address: 9936 Azalea Bloom Way  
Riverview, Fl 33569

*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*

Walter Roberts  
Required Signature/Registered Agent

09/28/12  
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.*

Walter Roberts  
Required Signature/Incorporator

09/28/12  
Date

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