

P12000084450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

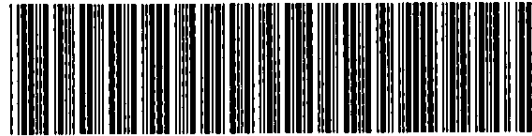
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 OCT -5 AM 10:27
NO. FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 OCT -5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sweet Nayomi's Gourmet Cupcakes & Catering Company
(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: Sweet Nayomi's Gourmet Cupcakes & Catering Company
Name (Printed or typed)

2717 North Sandalwood Drive
Address

Tallahassee, Florida 32305
City, State & Zip

850.702.8191
Daytime Telephone number

info@sweetnayomis.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:

Sweet Nayomi's Gourmet Cupcakes & Catering Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

2717 North Sandalwood Drive
Tallahassee, Florida 32305

Mailing address, if different is:

P.O. Box 52
Crawfordville, Florida 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sonia Rosier, President

Address: P.O. Box 52
Crawfordville, Florida 32326

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: Sonia Rosier

Address: 2717 North Sandalwood Drive
Tallahassee, Florida 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sonia Rosier

Address: 2717 North Sandalwood Drive
Tallahassee, Florida 32305

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

Sonia C. Rosier

Required Signature/Registered Agent

10-5-12

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.

Sonia C. Rosier

Required Signature/Incorporator

10-5-12

Date

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TALLAHASSEE, FLORIDA