

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVIDCPA@TAMPABAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
PETE AND DEAN, INC

Certificate of Status	0
Certified Copy	1
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π 11/05/12

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Nov. 2. 2012 4:08PM

No. 5630 P. 2

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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:

PETE AND DEAN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5835 110TH AVE N

PINELLAS PARK, FL 33782

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate any legal business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETE HERSBERGER PRES

Address: 3501 81ST ST N

ST PETERSBURG, FL 33710

Name and Title:

Address:

Name and Title: WD GOING SEC/TRES

Address: 5835 110TH AVE N

PINELLAS PARK, FL 33782

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S

GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS

Address: 2207 54TH ST S

GULFPORT, FL 33707

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



Required Signature/Registered Agent

11/02/2012

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.



Required Signature/Incorporator

11/02/2012

Date

12 NOV -2 AM 10:26
TALLAHASSEE, FLORIDA

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