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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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COVER LETTER

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

SUBJECT:	Perk's Donut 1		
	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the	articles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: _	Katherine F	Perkey	
-	Na	me (Printed or typed)	
	2718 W. Tho	ration Avenue	
		Address	
	Tampa, FL	ty, State & Zip	
	813 805	7246	
_	Daytim	e Telephone number	
	••••••	@ hotmail.com	
_	E-mail address: (to be t	ised for future annual repor	t notification)

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

ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE DIVISION OF BURPOR ATIONS

	<u>IAME</u>		
The name of the corp	oration shall be: Perk's Donut	+ Bar Inc,	13 JAN -7 AM 9: 25
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailin	g address, if different is:
	2718 W. Thornton Avenue	 	
	Tampa, FL 33411	•••	
	- Jan Kaji II- Ostil	 	
ARTICLE III P			
The purpose for which	ch the corporation is organized is:		
to ope	rate a store that make	ces and sells do	ughnuts and
other food	d Items, as a prokssional C	srporchon.	U
ARTICLE IV S	HARES		
The number of shares	of stock is: 100		
ARTICIE V II	NITIAL OFFICERS AND/OR DIRECT	YORS	
Name and Title	: Kathenne Perkey, CEO	Name and Title:	
Address:	2719 W. Thornfor Ave,	Address:	
	Tampa, FL 33611		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Name and Title	: Shape Perkey, CFO	Name and Title:	
Address:	2718 Wi Thornton Ave	Address:	
	Tamps, FL 33611		
	•		
Name and Title	D:	Name and Title	
Address:			
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI R	EGISTERED AGENT		
	in street address (P.O. Box NOT acceptable	e) of the registered agent is:	·
Name:	Katherine Perkey 2718 W. Thornton Ave.	<u> </u>	
Address:	111 W. MOVATON AVE.		
	1 /		
	NCORPORATOR		
	ess of the Incorporator is:		
Name: Address:	Katherine Perkey	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Audress.	Tampi FL 33611		
	1 /		
Having been named his certificate, I am f	as registered agent to accept service of pro familiar with and accept the appointment as	cess for the above stated co registered agent and agree t	rporation at the place designated in o act in this capacity
Dolkon	LAN PANK		1/3/13
- 1 Jun (W)	Required Signature/Registered Agent		Date
			Date
	ent and affirm that the facts stated herein		
locument to the Depo	artment of State constitutes a third degree fe	lony as provided for in s.817	7.155, F.S.
L. 1	L. Dialia		1/2/12
7)[11	Required Signature Incorporator	V-7	1/0/13
,	veduned signaturesurenthorator.		Date