

P13000015026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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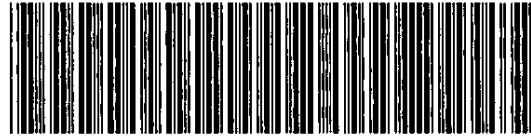
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/14

COVER LETTER

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

SUBJECT: Alongi Coffee 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: Byron Phinney

Name (Printed or typed)

16B Buttonwood Lane

Address

Palm Coast, FL 32137

City, State & Zip

386-986-7315

Daytime Telephone number

byron.phinney@outlook.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: Alongi Coffee Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

16B Buttonwood Lane

Palm Coast, FL 32137

Mailing address, if different is:

PO Box 1962

Bunnell, FL 32110

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Company will promote and sell
custom roasted coffee to consumers and commercial
establishments. Company may in the future promote other
local Florida products.

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Byron Phinney Pres

Name and Title: _____

Address 16B Buttonwood Ln

Address: _____

Palm Coast, FL 32137

Name and Title: Sara Phinney VP Sales SE

Name and Title: _____

Address 1416 Belle Point Dr

Address: _____

Mt. Pleasant, SC 29464

Name and Title: Eric Phinney VP Sales NE

Name and Title: _____

Address 445 Canal St Apt 3

Address: _____

Manchester, NH 03101

(conti.)

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: Byron Phinney
Address: 16B Buttonwood Ln
Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Byron Phinney
Address: 16B Buttonwood Ln
Palm Coast, FL 32137

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

Byron Phinney
Required Signature/Registered Agent

February 11, 2013

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.

Byron Phinney
Required Signature/Incorporator

February 11, 2013

Date

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TALLAHASSEE, FLORIDA