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Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE FLORIDA

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## **COVER LETTER**

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

SUBJECT: Firs	t Coast Cashew	Company Inc	\ !=
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 REQ			PY REQUIRED
FROM: S	anford Gray	e (Printed or typed)	
17	721 A 2nd St S		
<del></del>		Address	
Ja	acksonville Beacl	h, FL 32250	
	City,	State & Zip	
90	04-595-5154		
<del></del>	Daytime T	'elephone number	
vio	ckisanfordgray@yal		
	E-mail address: (to be use	d 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)

Name and Title:  Address  Address:  Address:	Principal street address  1 A 2ND ST. SOUTH  CKSONVILLE BEACH, FL  32350	SECRETARY OF LL AHASSEE.
CLE IV SHARES I 1000  CLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: SANFORD GRAY PRESIDENT Name and Title: Address  1721 A 2ND ST. SOUTH JACKSONVILLE BEACH, FL 32250  Name and Title: Name and Title: Address:	rpose for which the corporation is organized is:	TAIL SALES OF NUTS AND SAND
Name and Title:  SANFORD GRAY PRESIDENT Address  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address:		
Name and Title:    SANFORD GRAY PRESIDENT   Name and Title:   Address		
Name and Title:    SANFORD GRAY PRESIDENT   Name and Title:   Address		
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Name and Title:  Address  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address  Address  Address:	CLE IV SHARES nber of shares of stock is: 1000	
Address  Address:  JACKSONVILLE BEACH, FL 32250  Name and Title:  Address:  Address:		
Name and Title:  Address  Address:  Address:	1721 A 2ND ST SOL	ITU
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Address:		· · · · · · · · · · · · · · · · · · ·
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	Name and Title:	Name and Title:
	Address	Address:
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Name and	Title:	Name and Title:	
Address		Address:	F L 3 MAR 21 SECRETAR FALL AHASS
ARTICLE VI The name and Fk	REGISTERED AGENT  Orida street address (P.O. Box NOT acceptable) of  SANFORD GRAY	the registered agent is:	PH 12: 15 Y OF STATE EE. FLORIDA
Address:	1721 A 2ND ST. SOUTH  JACKSONVILLE BEACH, FL 32250		
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is: VICKI GRAY		
Address:	1721 A 2ND ST. SOUTH JACKSONVILLE BEACH, FL 32250		
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg		
12	Required Signature/Registered Agent		3/18/13 Date
I submit this docu document to the E	ment and affirm that the facts stated herein are to experiment of State constitutes a third degree felong Required Signature/Incorporator	true. I am aware that the false info v as provided for in s.817.155, F.S.	3/18/13 Date