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DIVISION OF CORPORATIONS
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9/13/13

COVER LETTER

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

SUBJECT: HALLOWEEN ENTERPRISES, INC.
(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: ANDRIA CANADA
Name (Printed or typed)

12927 BELLERIVE DR.
Address

CLERMONT, FLORIDA 34711
City, State & Zip

317-507-4742
Daytime Telephone number

ANCANADA@AOL.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: HALLOWEEN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12927 BELLERIVE DR.

CLERMONT, FLORIDA

34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRADE BUSINESS
AND SELL RETAIL MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRIA CANADA Name and Title: _____

Address: PRESIDENT Address: _____

12927 BELLERIVE DR.

CLERMONT, FL

34711

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
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(cont.)

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: ANDRIA CANADA
Address: 12927 BELLERIVE DR.
CLERMONT, FLORIDA
34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRIA CANADA
Address: 12927 BELLERIVE DR.
CLERMONT, FLORIDA
34711

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

Andria Canada
Required Signature/Registered Agent

8/6/2013
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.

Andria Canada
Required Signature/Incorporator

8/6/2013
Date