

PI3000077625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

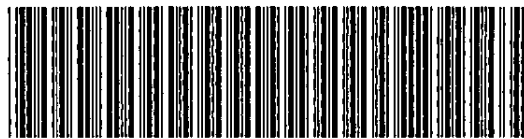
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/03/13--01033--009 \*\*78.75

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13 SEP 18 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

111349406

MD 9/20

## COVER LETTER

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

**SUBJECT: FRUIT 2 NUTS 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: Catherine Kelley**

Name (Printed or typed)

**901 Forest Hill Dr**

Address

**Minneola, FL 34715**

City, State & Zip

**352-988-4533**

Daytime Telephone number

**tomdayk@gmail.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2013

CATHERINE KELLEY  
901 FOREST HILL DR.  
MINNEOLA, FL 34715

SUBJECT: FRUIT 2 NUTS  
Ref. Number: W13000049406

We have received your document for FRUIT 2 NUTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00021041

(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: Catherine Kelley

Address: 901 Forest Hill Dr

Minneola, FL 34715

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Catherine Kelley

Address: 901 Forest Hill Dr

Minneola, FL 34715

*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*

Catherine Kelley

Required Signature/Registered Agent

8/30/2013

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.*

Catherine Kelley

Required Signature/Incorporator

8/30/2013

Date

**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: FRUIT 2 NUTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

121 - B Division St

CLERMONT, FL 34711

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: distribute and sell dried fruit and vegetables, trail mixes

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Catherine Kelley Name and Title: \_\_\_\_\_

Address 901 Forest Hill Dr Address: \_\_\_\_\_  
Minneola, FL 34715T

Name and Title: Thomas D Kelley Name and Title: \_\_\_\_\_

Address 901 Forest Hill Dr Address: \_\_\_\_\_  
Minneola, FL 34715

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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