P13000078748

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	·
,		

Office Use Only



000251832520

09/20/13--01019--009 **78.75

SEGRETARY OF STATE

3 SEP 20 PM 2:

COVER LETTER

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

_{subject:} Plai	n Jane's Amazin	-	
	(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	i a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Ja	ane A. Mayo		
		e (Printed or typed)	
74	03 3rd Ave N		
	•	Address	
St	Petersburg, FL	33710	
	City,	State & Zip	
72	27-331-5972		
	Daytime T	elephone number	
<u>ci</u>	yfarmerjane@gi E-mail address: (to be use	mail.com	notification)

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

en to the second

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ricLE I NAM name of the corpora		\\ \text{\signal} \\ \si	- 74
ricle II Pri	NCIPAL OPFICE Principal street address	Mailing address, if different is:	, ;
03 3rd Av			ريز '
Petersbu	rg, FI 33710	1357	رُ. رَكِ
-			
FICLE III PUR purpose for which t	POSE he corporation is organized is:	stom-ordered, gourmet cupcakes for p	profit
		TAL SEG	
		SEP	<u>n</u>
		20 SSE	H
,		TO THE	D
		न्त्र हिन्दी रु	
FICLE IV SHA	TIAL OFFICERS AND/OR DIRECTOR	DRIBA	
	rial officers and/or director :Jane Mayo, President	DRIBA	
ricle v init	TIAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N	2: 56 DRIBA	
Name and Title	rial officers and/or director :Jane Mayo, President	Name and Title:	
Name and Title	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710	Name and Title: Address:	
Name and Title Address	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710 Tom Mayo, Vice President	Name and Title:	
Name and Title Address Name and Title	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710 Tom Mayo, Vice President	Name and Title:	
Name and Title Address Name and Title	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710 Tom Mayo, Vice President 7403 3rd Ave N	Name and Title:	
Name and Title Address Name and Title Address	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710 Tom Mayo, Vice President 7403 3rd Ave N St Petersburg, FL 33710	Name and Title:	
Name and Title Address Name and Title Address	TAL OFFICERS AND/OR DIRECTOR Jane Mayo, President 7403 3rd Ave N St Petersburg, FL 33710 Tom Mayo, Vice President 7403 3rd Ave N St Petersburg, FL 33710	Name and Title: Address: Name and Title: Address:	

(conti.)

FILED

Name and	d Title:	Name and Title:	13	SEP 20	PH 2: 56
Address		Address:	SE@ TALI	RETARY ()F STATE , EL ORID A
RTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the mediators decreated in			
ne <u>name and Fi</u> Name:	Jane Mayo	me registered agent is.			
Address:	7403 3rd Ave N				
	St petersburg, FL 33710				
ARTICLE VII	INCORPORATOR				
he <u>name and ad</u>	dress of the Incorporator is:				
Name:	Jane Mayo				
Address:	7403 3rd Ave N				
	St Petersburg, FL 33710				
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi				
	La Company			9/16/	′13
	Required Signature/Registered Agent				Date
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony				ion submitted
	Jez			9/16	3/13
· · · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator			-	Date