(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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## **COVER LETTER**

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

SUBJECT:	STA	ACI COOK, INC.		
50505011		(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are	an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
	70.00 g Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
			ADDITIONAL CO	PY REQUIRED
EDC	S	TACI COOK, INC	<b>O</b> .	
rkc	)IVI:	Name	e (Printed or typed)	
	14	150 Lake Bradfor	rd Rd Suite A	
,			Address	
	Ta	allahassee, Flori	da 32310	
		City,	State & Zip	
	85	50-459-1112		
	-	Daytime T	elephone number	

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

stacicookbobs@gmail.com

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

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

ARTICLE I NAM The name of the corporat	Estaci Cook, Inc.	
ARTICLE II PRIM	NCIPAL OFFICE Principal street address	Mailing address, if different as 1
1450 Lakebrac	dford Rd Suite A	<b>₩</b> ₩
Tallahassee, F	FI 32310	
		A CHAR
ADTICITY III DIIDI		
The purpose for which the	ne corporation is organized is:	y conduct business in the State of Florid
-		
<u> </u>	·	
	DEC	
ARTICLE IV SHA The number of shares of s		
	Staci Cook President	
Name and Title		Name and Title:
Address	1450 Lake Bradford Rd Suite A	Address:
	Tallahassee, Florida 32310	
Name and Title:		Name and Title:
Address		Address:
Name and Title.		None and Title
		Name and Title:
Address		Address:



Name and	f Title:	Name and Title:	_
Address		Address:	-
			_
ARTICLE VI	REGISTERED AGENT	the registered execution	
Name:	orida street address (P.O. Box NOT acceptable) of Staci Cook	13 OCT	Tr a
Address:	1450 Lake Bradford RD Suite A	1488 T-9	
	Tallahassee, Fl 32310	9 PM	EE:
ARTICLE VII	INCORPORATOR	3: 27 -LORIDA	
The name and ad	dress of the Incorporator is:		
Name:	Staci Cook		
Address:	1450 Lake Bradford RD Suite A		
	Tallahassee, FI 32310		
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg	for the above stated corporation at the place designated istered agent and agree to act in this capacity	l in
	e I	10/10/2013	
<del></del>	Required Signature/Registered Agent	Date	_
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.	n a
XXX XX		10/10/2013	
<del>-/-/</del>	Required Signature/Incorporator	Date	_