

P13000083771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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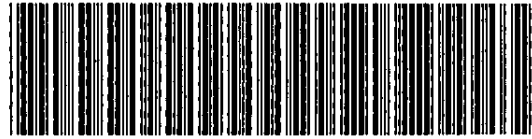
(Business Entity Name)

(Document Number)

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

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13 OCT 11 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 11 2013

J. BRYAN

@ 10/11 per Crystal should be 100  
11.13 for stock shares

**COVER LETTER**

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

FILED  
13 OCT 11 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Half Baked 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: Crystal Schwartz  
Name (Printed or typed)

18848 US Highway 441 suite 188  
Address

Mount Dora, FL 32757  
City, State & Zip

(407) 949-7129  
Daytime Telephone number

caprisun1xi@yahoo.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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Half Baked Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18848 US. Highway 441  
Suite 188  
Mt. dora, FL 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to prepare and  
sell food.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Crystal Schwartz</u>	Name and Title:	_____
Address:	<u>(President)</u>	Address:	_____
	<u>3240 Scenic Hills Dr.</u>		_____
	<u>Mt. dora, FL 32757</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Crystal Schwartz

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

32640 Scenic Hills Dr.  
Mt. dora, FL 32757

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Crystal Schwartz

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

32640 Scenic Hills Dr.  
Mt. dora, FL 32757

*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*

Crystal Schwartz

Required Signature/Registered Agent

9/18/13

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.*

Crystal Schwartz

Required Signature/Incorporator

9/18/13

Date