

P/3000085736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

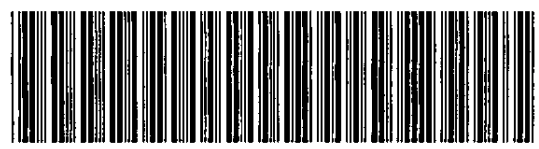
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W13-54815

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COVER LETTER

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

SUBJECT: PAMELA'S SPIKED DESSERTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PAMELA J. HALES
Name (Printed or typed)

978 BAY DR. (MAIL) P.O. Box 2145
Address

NEW Smyrna BEACH, FL 32170
City, State & Zip

386-689-2346
Daytime Telephone number

RODEOGIRL2@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

October 2, 2013

PAMELA J. HALES
P.O. BOX 2645
NEW SMYRNA BEACH, FL 32170

SUBJECT: PAMELA'S SPIKED DESSERTS, INC.
Ref. Number: W13000054815

We have received your document for PAMELA'S SPIKED DESSERTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 213A00023188

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: PAMELA'S SPIKED DESSERTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

978 Bay Dr.
New Smyrna Beach, FL
32168

PO Box 2645
New Smyrna Beach, FL
32170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL DESSERTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAMELA HALES, PRES. Name and Title: _____

Address: PO Box 2645 Address: _____

NSB., FL 32170 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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DIVISION OF CORPORATION

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

2013 OCT 18 PM 2:20

ARTICLE VI REGISTERED AGENT

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

Name: PAMELA HALES
Address: 978 Bay Dr.
New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAMELA HALES
Address: PO Box 2645
New Smyrna Beach, FL 32170

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

<u>Pamela Hales</u>	<u>9-25-13</u>
Required Signature/Registered Agent	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.

<u>Pamela Hales</u>	<u>9-25-13</u>
Required Signature/Incorporator	Date

PAMELA HALES