



**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  
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: 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

RODEOBIRLT@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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

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**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*

Pamela Hales \_\_\_\_\_ 9-25-13 \_\_\_\_\_  
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.*

Pamela Hales \_\_\_\_\_ 9-25-13 \_\_\_\_\_  
Required Signature/Incorporator Date

PAMELA HALES