

P13000086289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

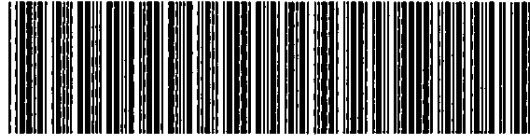
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Certified Copies _____

Certificates of Status _____

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13 OCT 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/22/13

COVER LETTER

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

SUBJECT: John's Pass Old Fashioned Ice Cream Parlor Co.
(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: Robert N. Barrett

Name (Printed or typed)

829 15th Avenue SW

Address

Largo, FL 33770

City, State & Zip

727-243-9528

Daytime Telephone number

b97g@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)

ARTICLE I NAME

The name of the corporation shall be: John's Pass Old Fashioned Ice Cream Parlor Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

121 129th Avenue East
Madeira Beach, FL 33708

Mailing address, if different is:

829 15th Avenue SW
Largo, FL 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business permitted
under the laws of the United States and of the state of Florida.

ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert N. Barrett, president

Address 829 15th Av SW
Largo, FL 33770

Name and Title: _____

Address: _____

Name and Title: Sonny Flynn, vice president

Address 167 Coral Av N
Redington Shores, FL 33708

Name and Title: _____

Address: _____

Name and Title: Gail Barrett, secretary

Address 829 15th Av SW
Largo, FL 33770

Name and Title: Gail Barrett, treasurer

Address 829 15th Av SW
Largo, FL 33770

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____	Name and Title: <u>FILED</u>
Address _____	Address: <u>13 OCT 21 PM 2:27</u>
_____	_____
_____	_____
	<u>SECRETARY OF STATE</u>
	<u>TALLAHASSEE, FLORIDA</u>

ARTICLE VI REGISTERED AGENT

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

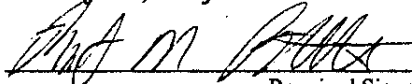
Name: Robert N. Barrett
Address: 829 15th AV SW
Largo, FL 33770

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert N. Barrett
Address: 829 15th Av SW
Largo, Fl 33770

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

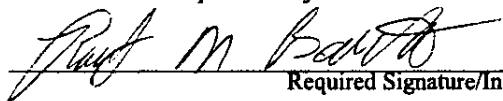


Required Signature/Registered Agent

October 16, 2013

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.



Required Signature/Incorporator

October 16, 2013

Date