

P14000000826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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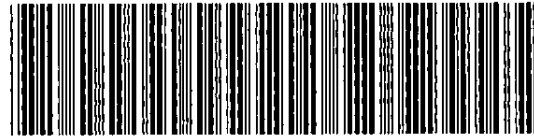
(Business Entity Name)

(Document Number)

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J. BRYAN

COVER LETTER

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

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SUBJECT:

The Cate Shop 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:

Lisa L. McFatter

Name (Printed or typed)

1001 East Nine Mile Rd #300

Address

Pensacola FL 32514

City, State & Zip

850. 476. 1744

Daytime Telephone number

Pensacolacakeshop@gmail.com

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

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

**REQUEST TO DISSOLVE CORPORATION - RELEASING THE BUSINESS NAME OF
THE CAKE SHOP, INC**

I, Paula Cawby request to dissolve my corporation effective 12/16/2013 and I do not intend on revoking this dissolution. I do no plan on reinstating this business. I have sold the business to Lisa L. McFatter and I give permission to Lisa L. McFatter to use the business name, The Cake Shop, Inc.

Thank you,
Paula Cawby

Paula Cawby, President
Name and Title

12/16/2013
Date

Address : 7370 Miranda Sue Blvd
Pensacola FL 32506
(850) 316-0499

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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: The Cake Shop Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1001 East Nine Mile Rd #300
Pensacola FL 32514

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bake, sell Cakes, Cookies and Baked goods.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Lisa L. McFatter</u>	Name and Title:	<u>President</u>
Address:	<u>2600 W. Michigan Ave Lot 338C</u>	Address:	<u>Pensacola FL 32526</u>

Name and Title:	<u>Jacob McFatter</u>	Name and Title:	<u>Vice President</u>
Address:	<u>2600 W. Michigan Ave Lot 338C</u>	Address:	<u>Pensacola FL 32526</u>

Name and Title:	<u>Joshua McFatter</u>	Name and Title:	<u>Secretary</u>
Address:	<u>2600 W. Michigan Ave Lot 338C</u>	Address:	<u>Pensacola FL 32526</u>

(conti)

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

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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lisa L. McFatter
Address: 2600 W. Michigan Ave Lot 338C
Pensacola FL 32526

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Lisa L. McFatter
Address: 2600 W. Michigan Ave Lot 333C
Pensacola FL 32526

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

[Signature]
Required Signature/Registered Agent

12-16-13
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.

[Signature]
Required Signature/Incorporator

12-16-13
Date