

P14000008579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

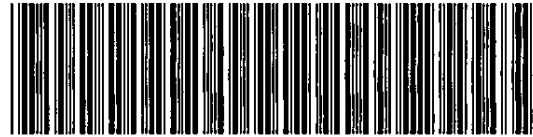
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900253974169

01/23/14--01017--003 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 JAN 23 PM 1:57

VH

## COVER LETTER

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

SUBJECT: Soups On, 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: Renata S. Cruze

Name (Printed or typed)

8018 Bayshore Dr.

Address

Seminole, Florida 33776

City, State & Zip

727-278-1251

Daytime Telephone number

rs Cruze@hotmail.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: Soups On, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2014 JAN 23 PM 1:58  
Mailing address, if different is:

8018 Bayshore Dr.

Seminole, FL. 33776

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Profit

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Renata S. Cruze President

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

Address 8018 Bayshore Dr.

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

Seminole, FL. 33776

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

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

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

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

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

2014 JAN 23 PM 1:58

**ARTICLE VI REGISTERED AGENT**

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

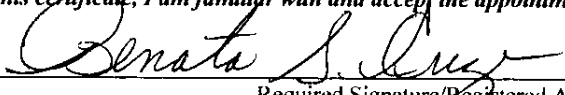
Name: Renata S. Cruze  
Address: 8018 Bayshore Dr.  
Seminole, Fl. 33776

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Renata S. Cruze  
Address: 8018 Bayshore Dr.  
Seminole, FL. 33776

*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

1-18-2014

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

1-18-2014

Date