

P14000014269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

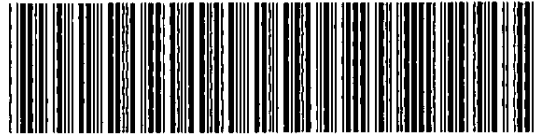
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

1/1

COVER LETTER

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

SUBJECT: GERALDINE'S ORIGINALS, INC., "TREATS OF THE SOUTH"
(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: Geraldine Rudd Barthlow
Name (Printed or typed)
50 Smith Creek Rd.
Address
Havana, FL 32333
City, State & Zip
850-728-6998
Daytime Telephone number
geraldinesbest@gmail.com
E-mail address: (to be used for future annual report notification)

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

Affidavit of Geraldine Rudd Barthlow

APPROVED
AND
FILED

14 FEB 17 PM 1:55

I, Geraldine Rudd Barthlow, swear or affirm:

1. That I am the President of the dissolved entity "GERALDINE'S ORIGINALS INC. "TREATS OF THE SOUTH" "".
2. That the dissolved entity has no intention of reinstating itself, and therefore releases the name for use by another entity.

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

Further affiant saith not.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

2/17/14

Geraldine Rudd Barthlow

Date

Geraldine Rudd Barthlow

STATE OF FLORIDA

COUNTY OF LEON

On this 17th day of February, 2014, before me, Geraldine Rudd Barthlow, personally appeared Geraldine Rudd Barthlow, known to me to be the persons whose names are subscribed within Affidavit, and, being first duly sworn on oath according to law, deposes and says that she has read the forgoing Affidavit subscribed by her, and that matters stated herein are true to the best of her information, knowledge and belief.

In witness whereof I hereunto set my hand and official seal.

Cynthia B. Johnson

Notary Public
CYNTHIA B. JOHNSON
Commission # FF 002448
Expires July 27, 2017
Bonded thru Tary Fahn Insurance 800-385-7019

Title

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: GERALDINE'S ORIGINALS, INC., "TREATS OF THE SOUTH"

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

50 Smith Creek Rd.

Havana, FL 32333, USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Geraldine Rudd Barthlow, President and Director

Address 50 Smith Creek Rd.
Havana, FL 32333

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

14 FEB 17 PM 1:55

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AND
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(cont.)

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AND
FILED

Name and Title: _____ Name and Title: 14 FEB 17 PM 1:55
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Geraldine Rudd Barthlow
Address: 50 Smith Creek Rd.
Havana, FL 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Geraldine Rudd Barthlow
Address: 50 Smith Creek Rd.
Havana, FL 32333

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

Geraldine Rudd Barthlow _____
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.

Geraldine Rudd Barthlow _____
Required Signature/Incorporator Date