

PI4000028019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

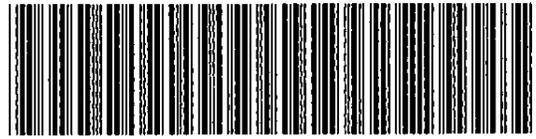
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2014 MAR 28 14 3 48
STATE OF FLORIDA
SUFFICIENCY OF FILING

14 MAR 28 PM 3:55
STATE OF FLORIDA
APPROVED AND FILED

COVER LETTER

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

SUBJECT: Stuffed Stickz Corp
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Derrick O. Williams
Name (Printed or typed)

8451 Southern Park Dr.
Address

Tallahassee, Florida 32305
City, State & Zip

850) 421-0126
Daytime Telephone number

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: Stuffed Stickz Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8451 Southern Park Dr.
Tallahassee, Fla 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Menu Item

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gale Yates

Name and Title: President

Address: 8451 Southern Park Dr.

Address: Tallahassee, Fla 32305

Name and Title: Dominic Yates

Name and Title: Vice President

Address: 8451 Southern Park Dr.

Address: Tallahassee, Fla 32305

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FLA
STATE SECRETARY OF STATE

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

ARTICLE VI REGISTERED AGENT

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

Name: Derrick Williams
 Address: 8451 Southern Park Tallahassee, Fla 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick Williams
 Address: 8451 Southern Park Tallahassee, Fla 32305

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

Derrick Williams

Required Signature/Registered Agent

2/28/14

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.

Derrick Williams

Required Signature/Incorporator

2/28/14

Date

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 TALLAHASSEE
 FLORIDA