

PA00034906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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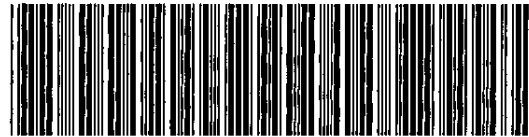
(Business Entity Name)

(Document Number)

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

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04/10/14--01020--018 \*\*70.00

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14 APR 10 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: Eat More Organics 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      ☐ \$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: Craig DeMange Jr.**

Name (Printed or typed)

**1120 16th Ave NE**

Address

**Naples FL 34120**

City, State & Zip

**239-272-0893**

Daytime Telephone number

**Craig3054@gmail.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: Eat More Organics INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1120 16th Ave NE

Naples FL. 34120

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Delivery Service of Organic Fruits & Vegetables

**ARTICLE IV    SHARES**

The number of shares of stock is: 500,000

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

Name and Title: Craig DeMange Jr.

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

Address: 1120 16th Ave NE

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

Naples FL. 34120

Owner

Name and Title: Anthony Calderone

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

Address: 1120 16th Ave NE

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

Naples FL. 34120

Owner

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

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

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

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

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TALLAHASSEE FLORIDA

(conti.)

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: Craig DeMange Jr.  
Address: 1120 16th Ave NE  
Naples FL. 34120


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**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Craig DeMange Jr.  
Address: 1120 16th Ave NE  
Naples FL. 34120

*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*

 Craig DeMange Jr. 4-7-14  
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.*

 Craig DeMange Jr. 4-7-14  
Required Signature/Incorporator Date