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MAY -2 2014

J. BRYAN

COVER LETTER

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

APPROVED
AND
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FLORIDA

SUBJECT: PEETI TREATS INCORPORATED
(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: TRACY LEGGETT
Name (Printed or typed)

400 CAPITAL CIR. S.E. SUITE 18117
Address

TALLAHASSEE, FLORIDA
City, State & Zip

850-219-0309
Daytime Telephone number

peetitreats@yahoo.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: PEETI TREATS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 CAPITAL CIRCLE SE.
SUITE 18117
TALLAHASSEE, FLORIDA 32301

/

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS
PERMITTED UNDER THE LAWS OF THE UNITED STATES
AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANN RUSSELL (Pres.) Name and Title: /

Address: 400 CAPITAL CIR. SE. Address: /
SUITE 18117
TALL, FL 32301

Name and Title: LAVONNE RICE (Treas.) Name and Title: /

Address: 400 CAPITAL CIR. SE. Address: /
SUITE 18117
TALL, FL 32301

Name and Title: TRACY LEGGETT (VP) Name and Title: /

Address: 400 CAPITAL CIR. SE. Address: /
SUITE 18117
TALL, FL 32301

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STATE
SECRETARY
FLORIDA

APPROVED
FILED

(conti.)

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TRACY LEGGETT

Address: 400 CAPITAL CIR. SE SUITE 18117
TALLAHASSEE, FL. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TRACY LEGGETT

Address: 400 CAPITAL CIR. SE. SUITE 18117
TALLAHASSEE, FL 32301

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

Tracy Leggett
Required Signature/Registered Agent

May 01, 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.

Tracy Leggett
Required Signature/Incorporator

May 01, 2014
Date

STATE OF FLORIDA
DEPARTMENT OF STATE

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