

P140000 41187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

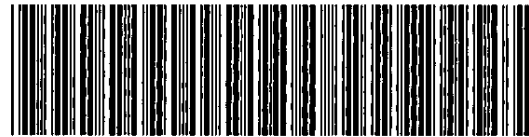
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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAY - 8 PM 2:39

COVER LETTER

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

SUBJECT: Beachside Bake Shop 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: Penny Sedam

Name (Printed or typed)

15 Woodgate Pl

Address

Palm Coast, FL 32164

City, State & Zip

303-482-7107

Daytime Telephone number

beachsidebakeshop@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: Beachside Bake Shop Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 S Central Ave Unit #105

Flagler Beach, Florida 32136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a food service to the public.

This may include bakery items, catering, and/or breakfast and lunch items.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Penny Sedam - President

Name and Title: _____

Address 15 Woodgate Place

Address: _____

Palm Coast, FL 32164

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
DIVISION OF CORPORATE AFFAIRS
14 MAY - 8 PM 2:39

(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: Penny Sedam
Address: 15 Woodgate Place
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Penny Sedam
Address: 15 Woodgate Place
Palm Coast, FL 32164

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

Penny Sedam
Required Signature/Registered Agent

4/10/14
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.

Penny Sedam
Required Signature/Incorporator

4/10/14
Date

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

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Certified Copy
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Status

ADDITIONAL COPY REQUIRED

FROM: **Penny Sedam**

Name (Printed or typed)

15 Woodgate Pl

Address

Palm Coast, FL 32164

City, State & Zip

303-482-7107

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Name and Title: _____

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Address: _____

Palm Coast, FL 32164

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY
DIVISION OF CORPORATE AFFAIRS

(cont.)

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Address _____ Address: _____

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4/10/14
Date