

P14000050084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

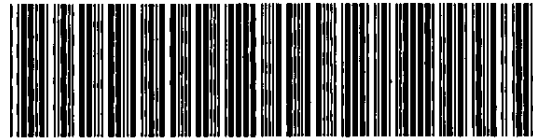
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Pure Putnam, 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: Jacqueline DuPont
Name (Printed or typed)

604 2nd Avenue
Address

Welaka, FL 32193
City, State & Zip

386-307-8379
Daytime Telephone number

jdupontmail@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:

Pure Putnam, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

604 2nd Avenue

Welaka, FL 32193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to market and sell

merchandise.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND OR DIRECTORS

Name and Title:

Jacqueline Dupont - President

Name and Title:

Address

604 2nd Avenue

Address:

Welaka, FL 32193

Name and Title:

Name and Title:

Address

Address:

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: Jacqueline DuPont
Address: 604 2nd Avenue
Welaka, FL 32193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline DuPont
Address: 604 2nd Avenue
Welaka, FL 32193

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TALLAHASSEE, FLORIDA

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

J. DuPont
Required Signature/Registered Agent

6/2/14
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.

J. DuPont
Required Signature/Incorporator

6/2/14
Date