

PI4000056512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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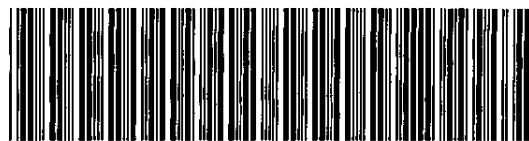
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/14--01017--006 **18.75

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14 JUN 30 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/1

COVER LETTER

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

SUBJECT: ST. JOHNS BAKERY CORPORATION
(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: DAVID FENNER
Name (Printed or typed)

2531 CIMARRONE BLVD.
Address

ST JOHNS, FL 32259
City, State & Zip

904-416-7587
Daytime Telephone number

DDFENNER3@AOL.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:

ST. JOHNS BAKERY CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2531 CIMARRONE BLVD

ST JOHNS FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE BAKERY

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID FENNER PRESIDENT

Name and Title: _____

Address 2531 CIMARRONE BLVD

Address: _____

ST JOHNS FL 32259

Name and Title: DEANNA FENNER VICE PRESIDENT

Name and Title: _____

Address 2531 CIMARRONE BLVD

Address: _____

ST JOHNS FL 32259

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: DAVID FENNER
Address: 2531 CIMARRONE BLVD
ST JOHNS FL 32259

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DAVID FENNER
Address: 2531 CIMARRONE BLVD
ST JOHNS FL 32259

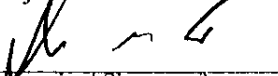
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/26/2014

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.


Required Signature/Incorporator

6/26/2014

Date