

P14000057648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

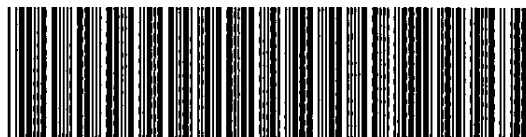
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -3 PM 2:56

APPROVED
AND
FILED

1/14

COVER LETTER

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

SUBJECT: Richie 5ives Food Consulting, 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: Richie Fives

Name (Printed or typed)

13715 Plaza Mayor Drive

Address

Delray Beach, FL 33446-3790

City, State & Zip

954-684-5295

Daytime Telephone number

larryl1073@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

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:

Richie 5ives Consulting, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

13715 Plaza Mayor Drive

Delray Beach, FI 33446-3790

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales of Food

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Richie Fives**

Name and Title: **Phyllis Fives**

Address **13715 Plaza Mayor Drive**

Address: **13715 Plaza Mayor Drive**

Delray Beach, FI 33446-3790

Delray Beach, FI 33446-3790

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

(cont.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Larry Lipner
Address: 1440 Coral Ridge Drive #172
Coral Springs, FI 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Larry Lipner
Address: 1440 Coral Ridge Drive #172
Coral Springs, FI 33071

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

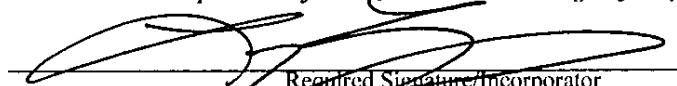


Required Signature/Registered Agent

6/27/14

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.



Required Signature/Incorporator

6/27/14

Date