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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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DIVISION OF CORPORATIONS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

HRS Sauce Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

7/10/09

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -9 AM 10:40

RECEIVED

COVER LETTER

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

SUBJECT: HRS Sauce 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: Stephanie Panos

Name (Printed or typed)

500 IDS Center, 80 South Eighth Street

Address

Minneapolis, MN 55402

City, State & Zip

612-632-3227

Daytime Telephone number

kevin.moran@gpm1aw.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: HRS Sauce Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

117 Lisa Marie Pl

Shalimar, Florida 32579

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacture and distribution of specialty barbeque sauces

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bradley Edison Bowman

Name and Title: President & CEO

Address: 117 Lisa Marie Pl

Address: _____

Shalimar, Florida 32579

Name and Title: Krista Sue Bowman

Name and Title: Vice President & Secretary

Address: 117 Lisa Marie Pl

Address: _____

Shalimar, Florida 32579

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATIONS
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(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: Bradley Edison Bowman
Address: 117 Lisa Marie Pl
Shalimar, Florida 32579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin J. Moran
Address: 500 IDS Center, 80 South Eighth Street
Minneapolis, MN 55402

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

By: 
Required Signature/Registered Agent

07/08/14
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

7/8/14
Date