

P14000059930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

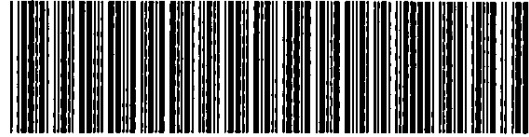
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/14--01014--014 **78.75

APPROVED
AND
FILED
14 JUL 14 PM 4:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: Wholesome Tummies Gainesville, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Monica Albert
Name (Printed or typed)
5212 Sw 91 Terr
Address
Gainesville, FL 32608
City, State & Zip
352-514-4140
Daytime Telephone number
monica@sistersspecialtyfoods.com
E-mail address: (to be used for future annual report notification)

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

APPROVAL
AND
FILED

ARTICLE I NAME Wholesome Tummies Gainesville, Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

5212 SW 91 Terr

Gainesville, FL 32608

14 JUL 14 PM 4:09
Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE for the purpose of all lawful business.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 10,000 shares of \$1 per share.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lita Giampola, P, T

Address: 10809 NW 18th Ct
Gainesville, FL 32606

Name and Title: Monica Albert, VP, S

Address: 10000 SW 52 Ave, #179
Gainesville, FL 32608

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____	Name and Title: _____
Address _____	14 JUL 14 PM 4:09
_____	SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

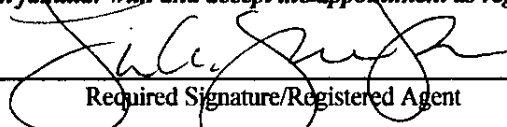
Name: Lita Giampola
Address: 10809 NW 18th Ct
Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Lita Giampola
Address: 10809 NW 18th Ct
Gainesville, FL 32606

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

7-10-14
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.


Required Signature/Incorporator

7-10-14
Date