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\_\_\_\_\_  
(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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FILED  
2014 AUG 11 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: Mandi Bar Food Corp**

**(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: Aaron Palmer**

Name (Printed or typed)

**6020 NW 4th Place Suite G**

Address

**Gainesville, FL 32606**

City, State & Zip

**352-332-9348**

Daytime Telephone number

**aaronpalmer970@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)

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Mandi Bar Food Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6020 NW 4th Place Suite G  
Gainesville, FL. 32606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Nutrition Food Bar

**ARTICLE IV SHARES** 2

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aaron Palmer

Name and Title: Amanda Palmer

Address: 6020 NW 4th Place  
Suite G  
Gainesville, FL. 32606

Address: 6020 NW 4th Place  
Suite G  
Gainesville, FL. 32606

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(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:

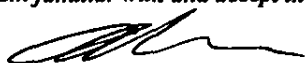
Name: Aaron Palmer  
Address: 6020 NW 4th Place Suite G  
Gainesville, FL 32606

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aaron Palmer  
Address: 6020 NW 4th Place Suite G  
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

8/7/2014

\_\_\_\_\_  
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

8/7/2014

\_\_\_\_\_  
Date