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(Business Entity Name)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cupcakes by Erica, 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: Erica Francis

Name (Printed or typed)

P.O. Box 665

Address

Lake Worth, FL 33460

City, State & Zip

954-729-5675

Daytime Telephone number

ericafrancis.us@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)

ARTICLE I NAME

The name of the corporation shall be: Cupcakes by Erica, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

410 E. Boynton Beach Blvd

Boynton Beach, FL 33435

Mailing address, if different is:

P.O. Box 665

Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica Francis, President

Address: P.O. Box 665

Lake Worth, FL 33460

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 SEP -5 PM 4:20
SECRET
TALLAHASSEE FL 32301

(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: Erica Francis

Address: 529 S. L Street

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

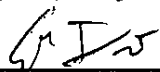
The name and address of the Incorporator is:

Name: Erica Francis

Address: P.O. Box 665

Lake Worth, FL 33460

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

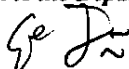


Required Signature/Registered Agent

09/2/14

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

09/2/14

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA