A JUCOL TISS

. (Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

_{subject:} Ger	ald's Kitchen, inc	` '•	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: G	erald D. Scallan		
	Nam	e (Printed or typed)	
13	3261 Lillian Hwy	#4	
		Address	
Pe	ensacola, Fl. 32		
	City	, State & Zip	
85	50-390-4181		

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

Daytime Telephone number

gds7800@yahoo.com

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: Gerald's Kitchen, Inc. PRINCIPAL OFFICE Principal street address 13261 Lillian Hwy #4 Pensacola,FI 32506 The purpose for which the corporation is organized is: to prepare and sell food from a food wagon to the general public. ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Gerald D. Scallan, President Wanda L. Schnorrenberg, Co-President Name and Title: 13261 Lillian Hwy. #4 13261 Lillian Hwy #4 Address Address: Pensacola, FI 32506 Pensacola, FI 32506 Name and Title:_ Name and Title: Address Address: Name and Title:_ Name and Title: Address Address:

ARTICLES OF INCORPORATION

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of Gerald D. Scallan 13261 Lillian Hwy #4 Pensacola,Fl 32506	of the registered agent is:
ARTICLE VII The name and ac Name: Address:	INCORPORATOR Idress of the Incorporator is: Gerald D. Scallan 13261 Lillian Hwy #4 Pensacola,Fl 32506	
	ned as registered agent to accept service of process am familiar with and accept the appointment as re Yuald, Required Signature/Registered Agent	ss for the above stated corporation at the place designated is egistered agent and agree to act in this capacity 9-17-14 Date
	nument and affirm that the facts stated herein are Department of State constitutes a third degree felometry and the Required Signature/Incorporator	true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S. 9-17-14 Date