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(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
,		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to	Filine Officer	
Special Instructions to	riling Officer:	

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COVER LETTER

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

- · · · · · · · · · · · · · · · · · · ·				
SUBJECT:	FIPS N DIF	> Two dbs ate name - <u>must incl</u>	DAIRY QUE UDE SUFFIX)	EN OL RMOND BEACH
Enclosed are an orig	rinal and one (1) copy of the art	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 DPY REQUIRED	
FROM:	DANIEL E. B. Nam	YRNE e (Printed or typed)	-	
	31105 SATING	Address L Florid , State & Zip	<i>335</i> 43	
	July 3 - 3 Daytime	385- 4319 Telephone number		
		ed for future annual report		

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

ARTICLES OF INCORPORATION

	In compliance with Chapter	607 and/or Chap	ter 621, F.S. (Profit)	80 -	
ARTICLE 1 No.	oration shall be: Flys	N Dips	Inc	<u> </u>	The state of the s
ARTICLE II P	Principal street address		Mailing address,	<u> </u>	
WESLE!	Principal street address ATTIVERY LANCE CHAPEL, Eloeio 3354	, ,		4: 15	<u>**</u>
ARTICLE III P	TRPOSE the threat of facilities are the corporation is organized is: CE Cream & Facilities Facilities	DAIRI	Dow FR	NCHSE	
					_
			7.		
ARTICLE IV S The number of shares					
Name and T	ritial OFFICERS AND/OR DIRI	ECTORS Name	and Title: June	BIRE	
Address	TITIAL OFFICERS AND/OR DIRI THE SIDE 31105 SATINLEDE WESLEY CHAPSIL	Addre Ame 121: 13543	31105 S WESLEY 1	OMAPEL P.	er He 1 3513
Name and T	itle: AMES QUE	Name	and Title: Ange	4 Owers	
Address	31105 Somzenz Wessey Cuaper	Addre Láne 13543		CHAPEL,	TARY 4ne K! 33543
Name and T	itle:	Name	and Title:		_
Address		Addre	ss:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT Name: Address: Address: Address: Address: Address: Address: Address:	3/RNE Ax LAME L, 121, 33543
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: WESLEY CHAPE	Byrwe Lear Lane
this certificate, I am familiar with and accept the app	rvice of process for the above stated corporation at the place designated is solutional to the place designated is solutional to the place designated in this capacity and agree to act in this capacity are designated. Date
Required Signature/Regists I submit this document and affirm that the facts sta document to the Department of State constitutes a thi	ted herein are true. I am aware that the false information submitted in
Required Signature Incom	9-16-14