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(Re	equestor's Name)	
(Ac	idress)	
()	I.I., and	
(AC	idress)	
(Ci	ty/State/Zip/Phone	±#)
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly Tr.



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COVER LETTER

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

SUBJECT: FIKA	A Time, Inc		
50D5EC11	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	
		e (Printed or typed)	
<u>13</u>	319 Foxton Lane		
0	viedo, FL 32765	Address	
	•	State & Zip	
40	7-247-4822		
J	Daytime T	elephone number	
pe	derhagglund1@hot		
	E-mail address: (to be use	d 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)

The name of the corporation shall be: FIKA Time, Inc.	· · · · · · · · · · · · · · · · · · ·	
ARTICLE II PRINCIPAL OFFICE Principal street address		ess, if different is:
1319 Foxton Lane		
Oviedo, FL 32765		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Online food sales		
Bounce House Rental		
Property Rental		
		\sim \sim
ARTICLE IV SHARES The number of shares of stock is:		OT 15 PH 2: 37
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS	
Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	·····
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	

Name and	d Title: Na	ame and Title:
Address	A	ddress:
		200
		3
		i,
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:		: 25년 - (요) (21년 - 교회
Address:		· · · · · · · · · · · · · · · · · · ·
Address:		
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Peder Hagglund	
Address:	1319 Foxton Lane	
	Oviedo, FL 32765	
Having been nan this certificate, I d	ned as registered agent to accept service of process for am familiar with and accept the appointment as registe	the above stated corporation at the place designated in tred agent and agree to act in this capacity 9/26/2014
 	Required Signature/Registered Agent	9/20/2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are true Depa <mark>rtme</mark> nt of State constitutes a third degree felony as	e. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.
		9/26/2014
	equired Signature/Incorporator	Date

COVER LETTER

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

SUBJECT: FIKA	A Time, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
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		ADDITIONAL CO	PY REQUIRED
FROM: P	eder Hagglund Name	e (Printed or typed)	
<u>13</u>	319 Foxton Lane		
<u>O</u>	viedo, FL 32765	Address	
40	7-247-4822	State & Zip	
	•	elephone number	
pe	derhagglund1@hot E-mail address: (to be use	IMall.com Id for future annual report to	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)

TICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
319 Foxton Lane	
viedo, FL 32765	
TICLE III PURPOSE	
nline food sales	ed is:
ounce House Rental	
roperty Rental	
	F 9
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	·
TICLE III SUADES	
TICLE IV SHARES number of shares of stock is:	
TICLE IV SHARES 1000 number of shares of stock is:	
number of shares of stock is:	
number of shares of stock is:	/OR DIRECTORS
number of shares of stock is:	/OR DIRECTORS Name and Title:
number of shares of stock is:	/OR DIRECTORS Name and Title:
number of shares of stock is:	/OR DIRECTORS Name and Title:
number of shares of stock is:	/OR DIRECTORS Name and Title: Address:
number of shares of stock is:	/OR DIRECTORS Name and Title: Address: Name and Title:
number of shares of stock is:	/OR DIRECTORS Name and Title: Address: Name and Title: Address:
number of shares of stock is:	/OR DIRECTORS Name and Title: Address: Name and Title: Address:
number of shares of stock is:	/OR DIRECTORS Name and Title: Address: Name and Title: Address:

Name and T	itle:	Name and Title:	
Address		Address:	
The name and Flori	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of Peder Hagglund 1319 Foxton Lane	the registered agent is:	14 007 15 FM 2:33
_	Oviedo, FL 32765		**************************************
ARTICLE VII	NCORPORATOR		
The name and addr	ress of the Incorporator is:		
Name:	Peder Hagglund		
Address:	1319 Foxton Lane		
	Oviedo, FL 32765		
	l as registered agent to accept service of process familiar with and accept the appointment as regi		
	Required Signature/Registered Agent	<u> </u>	Date
	nent and affirm that the facts stated herein are to partment of State-constitutes a third degree felony		
•	Required Signature/Incorporator		Date