

P14000086376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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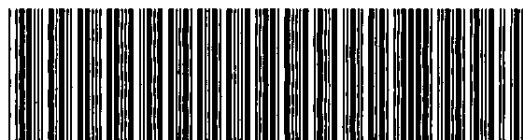
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/21/14--01020--007 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 21 PM 3:29

APPROVED  
AND  
FILED

1/H

## COVER LETTER

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

SUBJECT: **THE MEAT SHOPPE 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: **THOMAS M. EDWARDS**

Name (Printed or typed)

**PO BOX 2316**

Address

**CALLAHAN, FL 32011**

City, State & Zip

**912-286-1881**

Daytime Telephone number

**meatshoppeinc@gmail.com**

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

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

APPROVED  
AND  
FILED

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:

THE MEAT SHOPPE INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

450030 STATE ROAD 200

CALLAHAN, FL 32011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

PO BOX 2316

CALLAHAN, FL 32011

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES

**ARTICLE IV SHARES**

The number of shares of stock is:

TEN (10)

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

Name and Title: THOMAS M. EDWARDS, PRSIDENT

Address

450030 STATE ROAD 200

CALLAHAN, FL 32011

Name and Title: CINDY H. BLINSON, TREASURER

Address:

1365 HARRISON POINT TRAIL

FERNANDINA BEACH, FL 32034

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED  
AND  
FILED (cont.)

14 OCT 21 PM 3:29

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CINDY H. BLINSON  
Address: 1365 HARRISON POINT TRAIL  
FERNANDINA BEACH, FL 32034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: THOMAS M. EDWARDS  
Address: 450030 STATE ROAD 200  
CALLAHAN, FL 32011

*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

10/16/14

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

10-16-14

Date