(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(В	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s 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

<sub>SUBJECT:</sub> Che	esehead, Inc.		
	(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	l 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	PY REQUIRED
, <sub>FROM:</sub> <u>Ja</u>	ames L Smith Jr	e (Printed or typed)	
66	874 SW 90th Stre	eet	
		Address	
G	ainesville, Fl 326	808	
	City,	State & Zip	
35	52-262-9528		
	Daytime T	elephone number	
<u>JL</u>	.SJR829@GMAI		
	E-mail address: (to be use	d for future annual report	noutication)

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



September 5, 2014

JAMES L SMITH JR 6674 SW 90TH STREET GAINESVILLE, FL 32608

SUBJECT: CHEESEHEAD, INC Ref. Number: W14000054052

We have received your document for CHEESEHEAD, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 414A00018901

## **COVER LETTER**

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

subject: Che	esehead, Inc.	JAMES L. S	
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Ja	ames L Smith Jr		
66	674 SW 90th Str	e (Printed or typed)	
Gainesville, Fl 32608			
35	52-262-9528	State & Zip	
	Daytime T	Celephone number	

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

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



September 23, 2014

JAMES L SMITH JR 6674 SW 90TH STREET GAINESVILLE, FL 32608

SUBJECT: JAMES L. SMITH JR PA Ref. Number: W14000054052

We have received your document for JAMES L. SMITH JR PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Remove the additional verbage listed in Article III and state the "Purpose" for which the license was issued.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 414A00018901

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpora	tion shall be: Cheesehead, In	c Jame	ES L, SMITH JR PA
	<b>NCIPAL OFFICE</b> Principal <b>street</b> address	1	Mailing address, if different is:
6674 SW 90	Oth Street		
Gainesville,	Fl 32608		SS N
			7 ; Mc <b>3</b> [7]
	POSE Suppo	rt Dhi Oir	
	the corporation is organized is:	and waite	DE O
ecordinate r	nomber activities and	5 V G 1 G G G	conditment mailing.
CARLISPA	L LEDGER ACCOU	AT10/~	AND TAX PRIPERATION
			THIS THE PALITICAL
•			-
•			<del> </del>
	IDDG ( a a		
The number of shares of	stock is: 100		
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	s	
Name and Title	James I Smith Ir - President	= Name and Title:	
Address	6674 SW 90th Street	Address:	
A daness	Gainesville, Florida	_ /tddioss.	
	32608	•	<del></del>
		•	
Name and Title		Name and Title:	: <u> </u>
Address		_ Address:	
		-	
		-	
Name and Title		Name and Title:	:
Address		Address:	
		-	

Name and	l Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	<del>orida street address</del> (P.O. Box <b>NO</b> T acceptable) of James L Smith Jr	the registered agent is:
Name:	6674 SW 90th Street	HASS
Address:	Gainesville, FI 32608	7 PH
ARTICLE VII	INCORPORATOR	3: 35 STATE LORIDA
The name and ad	dress of the Incorporator is:	
Name:	James L Smith Jr	
Address:	6674 SW 90th Street	
	Gainesville, FI 32608	
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Required Signature/Registered Agent	8/27/14 Bate
I submit this does	iment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the L	Required Signature/Incorporator	y as provided for in s.817.135, F.S.  8/27/14  Date