

P/4 000091345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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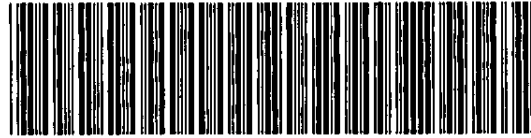
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV - 6 PM 3:33

APPROVED
AND
FILED

1/14

COVER LETTER

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

SUBJECT: Fresh Start Family Foods Co.
(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: Robert M Mathieson
Name (Printed or typed)

625 Wolf Run Rd.
Address

Winter Haven Florida 33880
City, State & Zip

(863) 279-8732
Daytime Telephone number

r.mathieson2014@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)

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ARTICLE I NAME

The name of the corporation shall be: Fresh Start Family Foods Co.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

625 Wolf Run Rd.

Winter Haven, FL. 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide exceptional products to enhance the lives of our customers.

ARTICLE IV SHARES

The number of shares of stock is: 4,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Mathieson/Owner Name and Title: _____

Address 2403 Summer Hollow Dr. Address: _____
Auburndale, FL. 33823

Name and Title: Leslie Kinder/CFO Name and Title: _____

Address 625 Wolf Run Rd. Address: _____
Winter Haven, FL. 33880

Name and Title: Brett Mathieson/operations officer Name and Title: _____

Address 309 Bennett St. Address: _____
Auburndale FL, 33823

APPROVED
AND
FILED (cont.)

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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: Robert M. Mathieson
Address: 625 Wolf Run Rd.
Winter Haven, FL. 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert M. Mathieson
Address: 625 Wolf Run Rd.
Winter Haven, FL. 33880

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

Robert M. Mathieson Nov 3, 2014
Required Signature/Registered Agent 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.

Robert M. Mathieson Nov 3, 2014
Required Signature/Incorporator Date