

PA00009276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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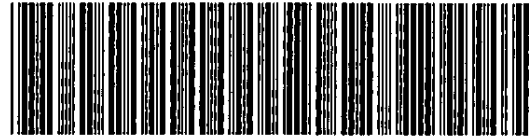
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/14--01002--010 **87.50

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COVER LETTER

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

SUBJECT: **The Desserterie, 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: **Cheryl Cullivan**

Name (Printed or typed)

115 South Kentucky Avenue

Address

Lakeland, Florida 33801

City, State & Zip

863-529-5950

Daytime Telephone number

thedesserterie@gmail.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: The Desserterie, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

115 South Kentucky Avenue
Lakeland, Florida 33801

Mailing address, if different is:

6225 Sweetwater Drive West
Lakeland, Florida 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide livelihoods and reasonable profit through the sales of desserts, sweets and baked goods

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cheryl Cullivan; President

Address: 6225 Sweetwater Dr. W.
Lakeland, Florida 33811

Name and Title: Lea Williams; Vice President

Address: 115 South Kentucky Avenue
Lakeland, Florida 33801

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

Article VIII: Effective Date January 5, 2015

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cheryl Cullivan
Address: 6225 Sweetwater Drive West
Lakeland, Florida 33811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cheryl Cullivan
Address: 6225 Sweetwater Drive West
Lakeland, Florida 33811

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

Cheryl Cullivan 11/5/14
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.

Cheryl Cullivan 11/5/14
Required Signature/Incorporator Date

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TOLSON
FBI