

P/5000026/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/15--01002--007 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 17 PM 12:04

W15-17449

03/19/15

COVER LETTER

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

SUBJECT: CHOPPERS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LEE SANGELEER
Name (Printed or typed)
3210 N. WICKHAM ROAD, SUITE 5
Address
MELBOURNE, FL 32935
City, State & Zip
(321) 752-9967
Daytime Telephone number
lsangeleer@bouverassoc.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

LEE SANGELEER
3210 N. WICKHAM ROAD
SUITE 5
MELBOURNE, FL 32935

SUBJECT: CHOPPERS, INC.
Ref. Number: W15000017449

We have received your document for CHOPPERS, INC. and your check(s) totaling \$87.50. 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 because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is T05000000008 (CHOPPERS INC.).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 615A00004981

AFFIDAVIT

The State of Florida

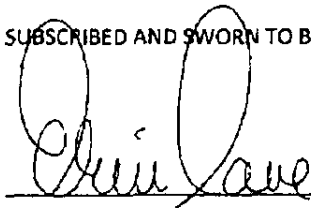
County of ~~Brevard~~ Volusia


I, Erin Lane, of Daytona Beach, Florida, MAKE OATH AND SAY THAT:

I will not revoke the enclosed Profit Articles of Dissolution for Choppers, Inc. - Doc P98000083718.

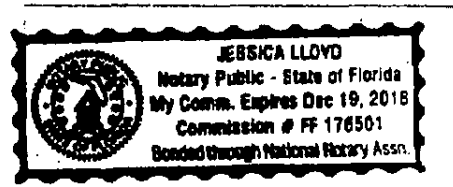
It is our intent to close Choppers, Inc. and open a new company using the same name.

SUBSCRIBED AND SWORN TO BEFORE ME, on the 18 ^{March} of February 2015


Erin Lane, President of Choppers, Inc.


NOTARY PUBLIC

My Commission Expires: Dec. 19, 2018



Notary Seal

900 270 385 219

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DIVISION OF CORPORATION
15 MAR 17 PM 12:04

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: CHOPPERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1074 N. HIGHWAY US-1

ORMOND BEACH, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATION MAY BE
INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA, AS THEY
MAY BE AMENDED FROM TIME TO TIME.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIN LANE, D/P/S/T

Name and Title: _____

Address 1074 N. HIGHWAY US-1
ORMOND BEACH, FL 32174

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
15 MAR 17 PM 12:04

(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: ERIN LANE

Address: 1074 N. HIGHWAY US-1

ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

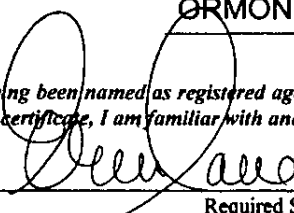
The name and address of the Incorporator is:

Name: WILLIAM LANE

Address: 1074 N. HIGHWAY US-1

ORMOND BEACH, FL 32174

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

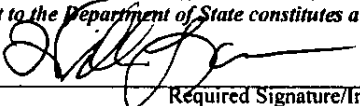


Required Signature/Registered Agent

3/4/15

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

3/4/15

Date

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