

PI5000037754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

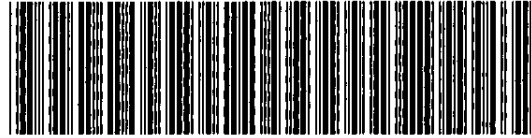
Special Instructions to Filing Officer:

Office Use Only

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APR 28 2015

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15 APR 27 AM 8:54

APR 27 11:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2015

JUICY DELIGHTS, INC.
9509 W NORFOLK STREET
TAMPA, FL 33615

SUBJECT: JUICY DELIGHTS, INC.
Ref. Number: W15000022668

We have received your document for JUICY DELIGHTS, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 415A00006489

COVER LETTER

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

SUBJECT: **JUICY DELIGHT, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **JUICY DELIGHT, INC**

Name (Printed or typed)

9509 W. NORFOLK ST

Address

TAMPA, FL, 33615

City, State & Zip

813-343-1078

Daytime Telephone number

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: JUICY DELIGHT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9509 W. NORFOLK ST

TAMPA, FL, 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DISTRIBUTE AND SELL TO THE PUBLIC
AT DETAIL, NATURAL JUICES

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$ 1,00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUILLERMO LORENZO

Name and Title: _____

Address 9509 W. NORFOLK ST
TAMPA, FL, 33615

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 APR 27 AM 8:54

(cont.)

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: MARIO LORENZO

Address: 9509 W. NORFOLK ST

TAMPA, FL, 33615

ARTICLE VII INCORPORATOR

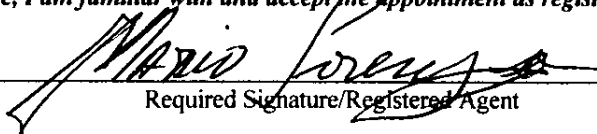
The name and address of the Incorporator is:

Name: GUILLERMO LORENZO

Address: 9509 W. NORFOLK ST

TAMPA, FL, 33615

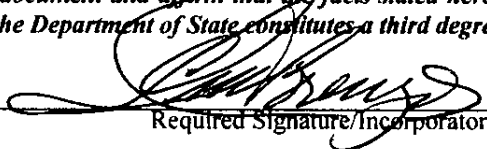
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3/15/15

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

3/15/15

Date