

P 15000037767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

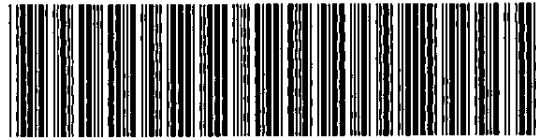
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE & BUSINESS SERVICES
15 APR 28 AM 11:09
TO ACHIEVE
SUFFICIENCY OF FILING

APPROVED
FILED
15 APR 28 AM 11:17
STATE OF FLORIDA
DIVISION OF CORPORATE & BUSINESS SERVICES

4/28/15

COVER LETTER

15 APR 28 AM 11:17

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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Little Cakes and Canvas 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: Jasmine Leslie
Name (Printed or typed)

439 W Gaines St Unit D
Address

Tallahassee FL 32301
City, State & Zip

850 508 1256
Daytime Telephone number

littlecakesandcanvas@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
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Little Cakes and Canvas, Inc.

15 APR 28 AM 11:17

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

439 W Gaines St
Unit D
Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jasmine Leslie (P)

Name and Title:

Address

439 W Gaines St
Unit D
Tallahassee FL 32301

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)
APR 22
2015

Name and Title: _____ Name and Title: _____ 15 APR 28 AM 11:17
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jasmine Leslie
Address: 439 W Gaines St Unit D
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jasmine Leslie
Address: 439 W Gaines St Unit D
Tallahassee FL 32301

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

Jasmine Leslie 4/28/2015
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.

Jasmine Leslie 4/28/2015
Required Signature/Incorporator Date