

P15000046540

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

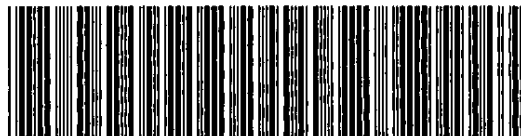
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W15-32748



300272335573

05/06/15--01014--005 \*\*78.75

FILED  
15 MAY 26 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: Vision of Taste Bartending Service 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: Juliette Lowe  
Name (Printed or typed)

6349 Canopy tree dr  
Address

Tampa, FL 33610  
City, State & Zip

813-573-0427  
Daytime Telephone number

Juliettelowe@ymail.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

RECEIVED

15 MAY 26 PM 2:34

315A00009971  
TALLAHASSEE, FL 32314

May 13, 2015

JULIETTE LOWE  
6349 CANOPY TREE DRIVE  
TAMPA, FL 33610

SUBJECT: VISION OF TASTE BARTENDING SERVICE CO.  
Ref. Number: W15000033748

We have received your document for VISION OF TASTE BARTENDING SERVICE CO. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 315A00009971

**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: Vision of Taste bartending service co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6349 ~~can~~ Canopy tree dr  
Tampa, FL 33610

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Bartend Events / Party's.

**ARTICLE IV SHARES**

The number of shares of stock is: ~~100~~ 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Juliette Lowe (owner)

Name and Title: \_\_\_\_\_

Address 6349 Canopy tree dr  
Tampa FL 33610

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
15 MAY 26 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Juliette Lowe

Address:

6349 Canopy Tree Dr  
Tampa, FL 33610

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

Juliette Lowe

Address:

6349 Canopy Tree Dr  
Tampa, FL 33610

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6-01-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Juliette Lowe

Required Signature/Registered Agent

5-21-15

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.*

Juliette Lowe

Required Signature/Incorporator

4-30-15

Date