

P 15000046818

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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15 MAY 22 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/27/15

COVER LETTER

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

SUBJECT: Finn Fresh 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: Marple O. Miller
Name (Printed or typed)

P.O. Box 1539
Address

Zephyrhills FL 33539
City, State & Zip

813-783-3602
Daytime Telephone number

tina.miller@owenthomasinc.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME

The name of the corporation shall be: Finn Fresh Inc

15 MAY 22 PM 4:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

37612 Daughtery Rd
Zephyrhills FL 33541

PO Box 1539
Zephyrhills FL 33539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation broker for
produce distributors.

ARTICLE IV SHARES

The number of shares of stock is: 100 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marple O. Miller, Pres. + Secy.
Address: 37631 Sky Ridge Circle
Dade City FL 33525

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Marple O. Miller

Address: 37631 Sky Ridge Circle
Dade City FL 33525

ARTICLE VII INCORPORATOR

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

Name: Marple O. Miller

Address: 37631 Sky Ridge Circle
Dade City, FL 33525

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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


Required Signature/Registered Agent

5/20/15
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

5/20/15
Date

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TALLAHASSEE, FLORIDA