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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Memory Strawberry 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: Cherika Davis
Name (Printed or typed)
429 Nw1st Terrace apt D
Address
deerfield beach Fl, 33441
City, State & Zip
561-504-1985
Daytime Telephone number
davis.cherika83@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 I NAME

The name of the corporation shall be: Memory Strawberry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

429 nw 1st Terrace deerfield beach Fl 33441

429 NW 1st Terrace apt. D deerfield beach,
33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Is to serve food to festivals and catering

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cherika Davis owner operator

Name and Title:

Address 429 nw1st Terrace apt.D

Address:

deerfield beach, Fl

33441

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 MAY 26 AM 7:41
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Name and Title: _____ Name and Title: 15 MAY 26 AM 7:41
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Cherika Davis
Address: 429 nw1st Tererace, apt. D
deerfield beach Fl 33441

ARTICLE VII INCORPORATOR

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

Name: Cherika L. Davis
Address: 429 nw1st Terrace apt D deerfield beach Fl
33441

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

Cherika L. Davis

Required Signature/Registered Agent

5-20-2015

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.

Cherika L. Davis

Required Signature/Incorporator

5-20-2015

Date