

P15000047945

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2015 MAY 28 PM 4:01  
SECRETARY OF STATE  
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WLS 000034779  
KOW  
5/29/15

## COVER LETTER

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

**SUBJECT:** Sweet Wild Press 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      ☒ \$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:** Monica Bradnan  
Name (Printed or typed)

4701 Roush Ave.  
Address

Orlando, FL 32803  
City, State & Zip

407-325-2347  
Daytime Telephone number

monicag413@gmail.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

May 15, 2015

GIANNINA TESTAGROSSA  
4701 ROUSH AVE  
ORLANDO, FL 32803

SUBJECT: SWEET WILD PRESS CO.  
Ref. Number: W15000034779

We have received your document for SWEET WILD PRESS 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 is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 815A00010298

**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: Sweet Wild Press Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4701 Roush Ave.

Orlando, FL 32803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For-profit online retail store in perpetual existence

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Gianelle Gelpi, President & CEO

Address: 1030 NE 13th Place  
Gainesville, FL 32601

Name and Title: Monica Bradnan, Vice President

Address: 1714 Cardinal Rd.  
Orlando, FL 32803

Name and Title: Giannina Testagrossa, Secretary & CFO

Address: 4701 Roush Ave.  
Orlando, FL 32803

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

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

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

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

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

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

FILED  
2015 MAY 28 PM 4:01  
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: Giannina Testagrossa  
Address: 4701 Roush Ave.  
Orlando, FL 32803

**ARTICLE VII INCORPORATOR**

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

Name: Monica Bradnan  
Address: 1714 Cardinal Rd.  
Orlando, FL 32803

**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*

Giannina Testagrossa

Required Signature/Registered Agent

5/26/2015

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.*

Monica Bradnan

Required Signature/Incorporator

5/26/2015

Date