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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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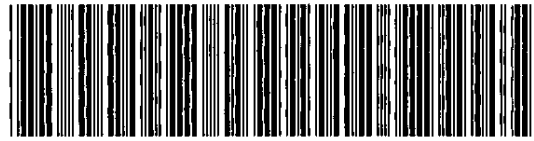
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN -2 PM 4: 21  
STATE OF FLORIDA  
TALLAHASSEE

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**COVER LETTER**

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

**SUBJECT:** Harvest Cafe of Jacksonville, 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:** Lorenda Tiscornia  
\_\_\_\_\_  
Name (Printed or typed)  
  
7836 Mount Ranier Avenuc  
\_\_\_\_\_  
Address  
  
Jacksonville, Florida 32256  
\_\_\_\_\_  
City, State & Zip  
  
904-422-0873  
\_\_\_\_\_  
Daytime Telephone number  
  
tiscornial@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** Harvest Cafe of Jacksonville, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal **street** address  
11526 Lake Mead Avenue #101  
Jacksonville, FL 32256  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FILED  
CLERK OF THE CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any lawful business within the State of Florida  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Lorenda Tiscornia	Name and Title:	_____
Address	7836 Mount Ranier Avenue Jacksonville, FL 32256	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: Lorenda Tiscornia  
 Address: 11526 Lake Mead Avenue #101  
Jacksonville, FL 32256

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Lorenda Tiscornia  
 Address: 7836 Mount Ranier Avenue  
Jacksonville, FL 32256

**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*

Lorenda Tiscornia \_\_\_\_\_ May 23, 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.**

Lorenda Tiscornia \_\_\_\_\_ May 23, 2015  
 Required Signature/Incorporator Date