

PIS 000049343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

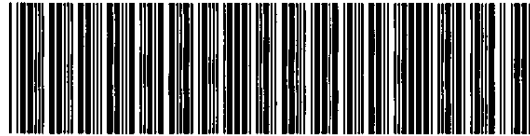
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/02/15--01029--001 **70.00

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2015 JUN -1 PM 1:57

SECRETARY OF STATE
TREASURER

WTS 000049343-0

4/9 cm

COVER LETTER

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

SUBJECT: AAF 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: Christine Whitehead
Name (Printed or typed)
1003 Summerwinds Lane
Address
Jupiter, FL 33458
City, State & Zip
561-309-1322
Daytime Telephone number
peeps302@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

February 9, 2015

CHRISTINE WHITEHEAD
1003 SUMMERWINDS LANE
JUPITER, FL 33458

Still

15 MAY -5 PM 1:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: AAF CO.
Ref. Number: W15000009330

We have received your document for AAF CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, L06000116308 - AAF, LLC.

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: 915A00002651



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2015

CHRISTINE WHITEHEAD
1003 SUMMERWINDS LANE
JUPITER, FL 33458

SUBJECT: TACOS DON PEPE
Ref. Number: W15000009330

We have received your document for TACOS DON PEPE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 015A00009958

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: ~~AAFE Co.~~ Tacos Don Pepe Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1003 Summerwinds Ln.
Jupiter FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business, Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: /

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Whitehead President Name and Title: _____

Address 1003 Summerwinds Ln. Address: _____
Jupiter, FL 33458

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2025 JUN -1 PM 1:57
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

(cont.)

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: Christine Whitehead

Address: 1003 Summerwinds Ln
Jupiter FL 33458

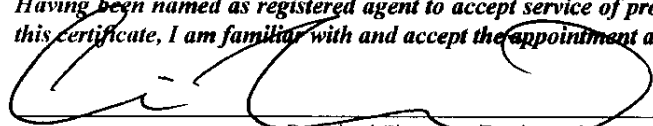
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christine Whitehead

Address: 1003 Summerwinds Ln
Jupiter FL 33458

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

12/17/14
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

12/17/14
Date