

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Brevard Indian River Fruit & Gifts, 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

CL#5817

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nancy M Stephenson

Name (Printed or typed)

1651 E. N.U.S.#1

Address

Titusville, Florida 32796

City, State & Zip

321-268-4455

Daytime Telephone number

brevardfeed@cfl.rr.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: Brevard Indian River Fruit & Gifts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1651 E. N. U. S. #1

Titusville, Fl 32796

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To conduct business for the purpose of retail sales of citrus and other fruits, nuts, jellies, and etc. that are in gift baskets.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy M Stephenson, President

Name and Title: _____

Address 1651 E. N. U. S. #1

Address: _____

Titusville, Florida 32796

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: Nancy M. Stephenson

Address: 6600 Possum Lane

Mims, Florida 32754

ARTICLE VII INCORPORATOR

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

Name: Nancy M Stephenson

Address: 1651 E. N. U. S. #1

Titusville, Florida 32796

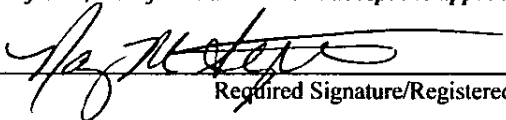
ARTICLE VIII EFFECTIVE DATE:

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.)

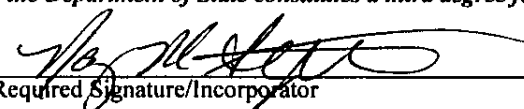
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06-22-15
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

6-22-15
Date