

P15000065038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

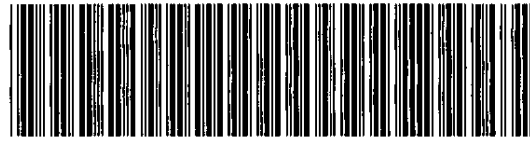
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WIF-4 FURS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 31 PM 4: 21

FILED

~~15~~ AUG - 2 2015

COVER LETTER

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

SUBJECT: THE SECRET GARDEN, 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: WENDY RELPH

Name (Printed or typed)

6310 GOMEZ ROAD

Address

ST AUGUSTINE, FL 32080

City, State & Zip

(904)377-3282

Daytime Telephone number

susangreaves@att.net

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

July 20, 2015

WENDY RELPH
6310 GOMEZ ROAD
ST AUGUSTINE, FL 32080

SUBJECT: THE SECRET GARDEN, INC.
Ref. Number: W15000048495

15 JUL 31 PM 3:17
04/02/2015
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for THE SECRET GARDEN, INC. 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 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00015125

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: ~~THE SECRET GARDEN, INC.~~

The Secret Garden of Shi-Sha INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

23 CUNA STREET
ST AUGUSTINE, FL 32084

Mailing address, if different is:

6310 GOMEZ ROAD
ST AUGUSTINE, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CASUAL DINING - APPETIZERS, BEER & WINE

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15 JUL 31 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WENDY RELPH, PRESIDENT Name and Title: _____

Address 6310 GOMEZ ROAD Address: _____
ST AUGUSTINE, FL 32080

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: WENDY RELPH
 Address: 6310 GOMEZ ROAD
 ST AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

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

Name: SUSAN GREAVES
 Address: 237 HILDAGO ROAD
 ST AUGUSTINE, FL 32080

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 JUL 31 PM 4: 21
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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
 7/9/15
 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
 07/09/2015
 Date