

# PIS000066140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** MORGAN'S CONFECTIONS, 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      ☐ \$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: PENNY A SMITH  
\_\_\_\_\_  
Name (Printed or typed)

2050 ROYAL DRIVE  
\_\_\_\_\_  
Address

MELBOURNE, FL 32904  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

PASMITH1210@COMCAST.NET  
\_\_\_\_\_  
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: MORGAN'S CONFECTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
906 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901

Mailing address, if different is:  
1210 SHERWOOD DR  
GREENFIELD, IN 46140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SALES OF CONFECTIONS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: PENNY SMITH, PRESIDENT

Address 2050 ROYAL DRIVE  
MELBOURNE, FL 32904

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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SECRETARY OF STATE  
ALLA SHERIDAN

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: PENNY SMITH

Address: 2050 ROYAL DRIVE

MELBOURNE, FL 32904

**ARTICLE VII INCORPORATOR**

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

Name: WILLIAM L MCKINNEY

Address: 332 E MAIN STREET

GREENFIELD, IN 46140

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15 AUG - 4 PM 1:50  
SECRETARY OF STATE  
ALABAMA STATE FLOOR

**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.

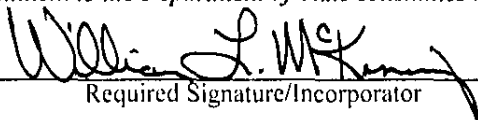
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

\_\_\_\_\_  
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

7/30/15  
Date

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New Filing Section  
Division of Corporations  
P. O. Box 6327  
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& Certificate of  
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MELBOURNE, FL 32904

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

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

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

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

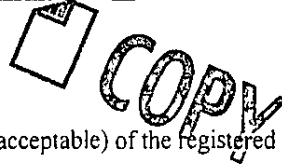
Address: \_\_\_\_\_

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

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

19 AUG - 4 PM 8:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

A large, diagonal 'COPY' stamp is placed over the center of the page.

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Name: PENNY SMITH  
Address: 2050 ROYAL DRIVE  
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The name and address of the Incorporator is:

Name: WILLIAM L MCKINNEY  
Address: 332 E MAIN STREET  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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