

PI5000073254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

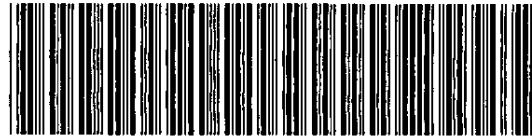
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9/8

COVER LETTER

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

SUBJECT: Old City Farmers Market 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: Brian DeRex
Name (Printed or typed)

22 Lee DR
Address

St. Augustine, FL 32080
City, State & Zip

914-774-2832
Daytime Telephone number

DeRex75@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

The name of the corporation shall be: Old City Farmers Market CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

22 Lee DR.
ST. Augustine, FL 32080

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to incorporate a business engaged in
Managing a Once a week Farmers Market(s). Also as
a real estate property Management CO.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Brian De/Rey CEO</u>	Name and Title:	<u>Carcy De/Re: President</u>
Address	<u>22 Lee DR</u>	Address:	<u>22 Lee DR</u>
	<u>ST. Augustine, FL 32080</u>		<u>ST. Augustine, FL</u>
			<u>32080</u>

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: Brian Del Rey *X Brian Del Rey*
Address: 22 Lee DR.
St. Augustine, FL 32080

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ARTICLE VII INCORPORATOR

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

Name: Brian Del Rey
Address: 22 Lee DR.
St. Augustine, FL 32080

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

Brian Del Rey

Required Signature/Registered Agent

8.25.15

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.

Brian Del Rey

Required Signature/Incorporator

8.25.15

Date