

P16000011386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

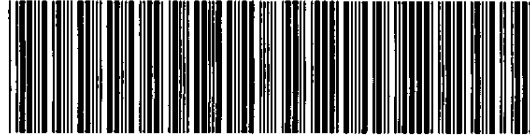
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 26 PM 2:54

APPROVAL  
AND  
FILED

1/14

## COVER LETTER

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

SUBJECT: Sophie Day Foods, 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: Eugene Hauler  
Name (Printed or typed)

3700 NW 91<sup>st</sup> Street, Suite A-100  
Address

Gainesville, FL 32606  
City, State & Zip

(352) 231-3669  
Daytime Telephone number

ghauler@cpsofncf.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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AND  
FILED

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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## ARTICLE I NAME

The name of the corporation shall be:

Sophie Day Foods, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3700 NW 91<sup>st</sup> St, Suite A100  
Gainesville, FL 32606

788 Turkey Creek  
Alachua, FL ~~32000~~ 32615

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~to manufacture and sell~~ Market Candy  
+ Artisan Meat Products through a  
qualified Co-Packaging company to specialty  
Food stores, Whole Foods Stores and to  
Online Retailers.

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eugene Hau Flar, President

Address: 11049 NW Creek Drive  
Alachua, FL  
32615

Mailing:  
788 Turkey Creek  
Alachua, FL 32615

Name and Title: Sheila M. Hau Flar, Vice President

Address: 788 Turkey Creek  
Alachua, FL 32615

Name and Title: Sophie Rose Hau Flar, CEO

Address: 788 Turkey Creek  
Alachua, FL  
32615

APPROVED  
AND  
FILED

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Eugene Haufler  
Address: 11049 NW Creek Drive  
Alachua, FL 32615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eugene Haufler  
Address: 11049 NW Creek Drive  
Alachua, FL 32615

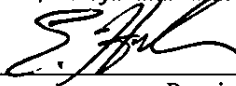
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Feb 1, 2016 (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

1/21/2016

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

1/21/2016

Date