

P16000011413

(Requestor's Name)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Mr. Williams GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Share & VII  
DATE 2/4/16  
DOC. EXAM VII



800280637688

FILING CANCELLED  
RETURNED CHECK

01/26/16--01005--004 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 26 PM 3:21

APPROVED  
AND  
FILED

VH

**COVER LETTER**

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

SUBJECT: Flavor From Florida 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Willie James Williams  
Name (Printed or typed)

409 Ave M N.E  
Address

Winter Haven, Florida 33881  
City, State & Zip

863-280-5642  
Daytime Telephone number

WAnthony034atg-mail.com  
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED  
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AND  
FILED

ARTICLES OF INCORPORATION

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

16 JAN 26 PM 3:24

ARTICLE I NAME

The name of the corporation shall be: Flavor From Florida Inc

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1000 Altha Ave  
Bartow, Florida 33830

Mailing address, if different is:  
409 Ave M N.E.  
Winter Haven, Florida 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Processing, Manufacturing, Packing  
Juice, and Cool Aid, Products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willie J. Williams chairman of B. Name and Title: \_\_\_\_\_  
Address: 409 Ave M N.E. Address: \_\_\_\_\_  
Winter Haven, Florida 33881  
863-280-5642

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

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

FILING CANCELLED  
RETURNED CHECK

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AND  
FILED

16 JAN 26 PM 3: 21

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u> <u>TALLAHASSEE FLORIDA</u>
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Willie James Williams  
 Address: 409 Ave M N.E.  
Winter Haven, Florida 33881

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Willie James Williams  
 Address: 1000 Altha Ave  
Bartow, Florida 33830

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/16/16 (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*

Willie J. Williams 01/20/16  
 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.*

Willie J. Williams 01/20/16  
 Required Signature/Incorporator Date