

P16000011413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED JAN 25 REC'D

Office Use Only

Mr. Williams GAVE
AUTHORIZATION BY PHONE TO

CORRECT Share & VII

DATE 2/4/16

DOC. EXAM VH



800280637688

FILING CANCELLED
RETURNED CHECK

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

16 JAN 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ☐ \$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: 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
RETURNED CHECK

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

16 JAN 26 PM 3:21

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

APPROVED
AND
FILED

16 JAN 26 PM 3:21

Name and Title: _____ Name and Title: _____
Address: _____ Address: 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: 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
Required Signature/Registered Agent

01/20/16
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
Required Signature/Incorporator

01/20/16
Date