

PI6000030829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

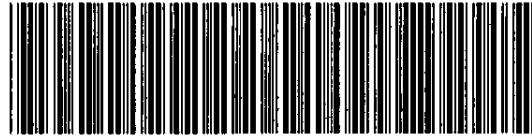
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-22029
4/16

Office Use Only



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03/18/16--01025--009 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR - 6 AM 10:14

APPROVAL
AND
FILED

APR 6 2016

S. PRATHER

JEAN B. Philippe
7234 TALLOWTREE Lane
Orlando, FL. 32835

03-28-2016

REF# 16000022029

att: Stacy Prather
Florida Dpt. of State
Division of Corporation, P.O. Box 6327
TALLAHASSEE - FL. 32314

Dear Ms. Prather,

This letter is to authorize the releasing of
the name: JUICING Foods, Corp.

- * Please, leave the effective date (optional/blank)
- * Please. Proceed with the New Filing Application.
- * Please, contact me with any questions:

. Phone / text MESSAGE : 407. 965-9815

. Email: jean12@mail.usf.edu

to clarify Email is: jean12@mail.usf.edu

Thank You,

Jean B. Philippe





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

JEAN B. PHILIPPE
7234 TALLOWTREE LANE
ORLANDO, FL 32835

SUBJECT: JUICING FOODS, CORP.
Ref. Number: W16000022029

We have received your document for JUICING FOODS, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 916A00006085

COVER LETTER

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

SUBJECT: JUICING Foods CORP.
(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: JEAN B. PHILIPPE
Name (Printed or typed)

7234 TALLOWTREE Lane
Address

Orlando, FL 32835
City, State & Zip

407-965-9815
Daytime Telephone number

jean12@mail.usf.edu
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: JUICING Foods, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7234 TALLOWTREE Lane
Orlando, FL 32835

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To design, create, manufacture, label, distribute
and sell Food and Beverages Products,
NATURAL supplements and all and any
lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 160 000 000

16 APR - 6 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JEAN B. Philippe, President/CEO

Name and Title:

Address

7234 TALLOWTREE LANE
Orlando, FL 32835

Address:

Name and Title:

MARGARTH JOSEPH, President
EXECUTIVE VICE

Name and Title:

Address

7234 TALLOWTREE LANE
Orlando, FL 32835

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: JEAN B. PHILIPPE
Address: 7234 Tallowtree Lane
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEAN B. PHILIPPE
Address: 7234 Tallowtree Lane
Orlando, FL 32835

APPROVAL
AND
FILED
16 APR - 6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

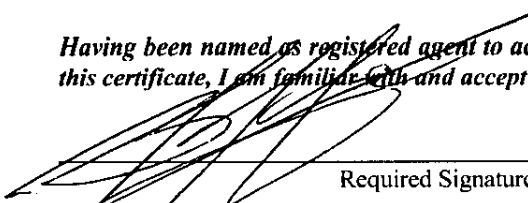
ARTICLE VIII EFFECTIVE DATE:

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

03/04/2016
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

03/04/2016
Date