

P16000030957

(Requestor's Name)

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(City/State/Zip/Phone #)

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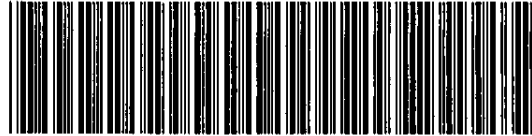
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2016
A RAMSEY

COVER LETTER

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

SUBJECT: Food Pharm 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: JUDIE MULHOLLAND

Name (Printed or typed)

1312 SUGAR MAPLE LANE

Address

BRANDON FL 33511

City, State & Zip

1-813-210-0558

Daytime Telephone number

Danielle@japln.org

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: FoodPharm, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2315 Jim Lee Rd
TALLAHASSEE FL 32301

Mailing address, if different is:

1312 SUGAR MAPLE LANE
BRANDON FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEDI Ventures, LLC President

Address: 1312 SUGAR MAPLE LANE
BRANDON, FL 33511
PRESIDENT

Name and Title: MATTHEW HOGAN

Address: 1317 S. MERIDIAN ST
TALLAHASSEE FL 32301
DIRECTOR

Name and Title: ELIZABETH SHERMAN

Address: 1202 STERNS STREET
APT. 8B
TALLAHASSEE FL 32310
SECRETARY

Name and Title: JUDITH A. MULHOLLAND

Address: 2315 Jim Lee Rd
TALLAHASSEE FL 32301
DIRECTOR

Name and Title: KEEFER HAYNES

Address: 2315 Jim Lee Rd
TALLAHASSEE FL 32301
TREASURER

Name and Title: PETER P H. HISS IV

Address: 718 GLEN ST
TALLAHASSEE FL 32303
DIRECTOR

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: DANIELLE WAINWRIGHT

Address: 1312 SUGAR HILL LANE

BRANDON FL 33511

KRAFFEE HAYES

2315 JIM LEE RD

TALLAHASSEE FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSHUA A. McHALLAND

Address: 2315 JIM LEE RD

TALLAHASSEE FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 07, 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

Kraffee Hayes

Required Signature/Registered Agent

7/10/16
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.

Joshua A. McHalland

Required Signature/Incorporator

April 7/16
Date