

P1600000 33117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

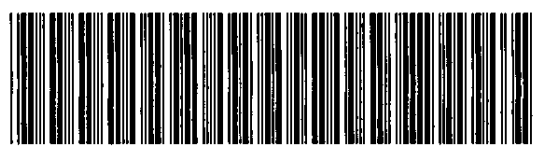
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 APR -8 AM 11:26  
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Handwritten marks at the bottom of the page, including a large 'D' and some illegible scribbles.

COVER LETTER

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

SUBJECT: Giles Deli Provisions 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Benjamin Giles  
Name (Printed or typed)

2826 Whittington Dr  
Address

Tallahassee FL 32309  
City, State & Zip

850-443-1850  
Daytime Telephone number

fraleygilesj@gmail.com  
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: Giles Deli Provisions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2826 Whittington Dr

Tallahassee FL 32309

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: new business that will be a wholesale distributor of Boars Head Brand meats and cheeses.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin A Giles, President Name and Title: \_\_\_\_\_

Address 2826 Whittington Dr Address: \_\_\_\_\_  
Tallahassee FL \_\_\_\_\_  
32309 \_\_\_\_\_

Name and Title: Jami Fraily Giles, vice President Name and Title: \_\_\_\_\_

Address 2826 Whittington Dr Address: \_\_\_\_\_  
Tallahassee FL \_\_\_\_\_  
32309 \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Jami F. Giles  
Address: 2826 Wittington Dr  
Tallahassee FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jami F. Giles  
Address: 2826 Wittington Dr  
Tallahassee FL 32309

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*

Jami F. Giles  
Required Signature/Registered Agent

4/4/10  
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.*

Jami F. Giles  
Required Signature/Incorporator

4/4/10  
Date