

PI6000035456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

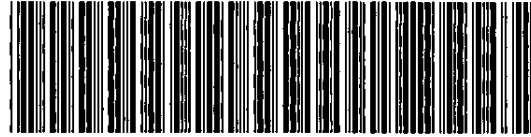
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/16--01022--012 **78.75

APR 18 2016
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
74
4-21-16

COVER LETTER

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

SUBJECT: FOOD BANK OF AMERICA 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: STEVEN COOPER

Name (Printed or typed)

3269 STURGEON BAY COURT

Address

NAPLES FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjefinance.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: FOOD BANK OF AMERICA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3269 STURGEON BAY COURT

NAPLES, FL 34120

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FEED THOSE IN NEED.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN COOPER, PRESIDENT

Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

Name and Title: LYNN BLOODGOOD, SECRETARY

Address: 3269 STURGEON BAY COURT
NAPLES, FL 34120

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32304
APR 18 2:18

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: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 13 PM 2:48

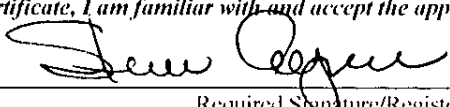
ARTICLE VIII EFFECTIVE DATE:

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.

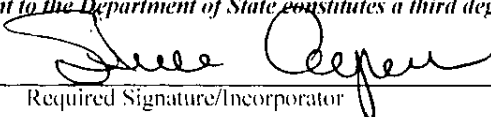
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
04/15/2016

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
04/15/2016

Date