

P16000040229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

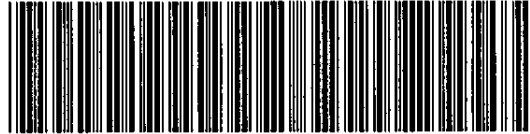
(Business Entity Name)

(Document Number)

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

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FILED  
16 MAY -2 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TJA  
5-10-16

## COVER LETTER

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

**SUBJECT:** Foodiez Vending, 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:** Amy L. Mitchell

Name (Printed or typed)

2507 SW Monterrey Lane

Address

Port St. Lucie, FL 34953

City, State & Zip

808-631-7062

Daytime Telephone number

mitchell.amylynn@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: Foodiez Vending, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2507 SW Monterrey Lane

Port St. Lucie, FL 34953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Vending Machine Operations

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amy Mitchell/Officer/Director/President

Name and Title:

Address 2507 SW Monterrey Lane

Address:

Port St. Lucie, FL 34953

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Amy L. Mitchell \_\_\_\_\_

Address: 2507 SW Monterrey Lane \_\_\_\_\_

Port St. Lucie, FL 34953 \_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

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

Name: Amy L. Mitchell \_\_\_\_\_

Address: 2507 SW Monterrey Lane \_\_\_\_\_

Port St. Lucie, FL 34953 \_\_\_\_\_

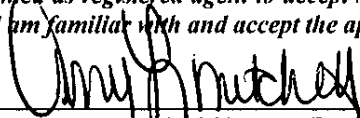
**ARTICLE VIII EFFECTIVE DATE:**

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*

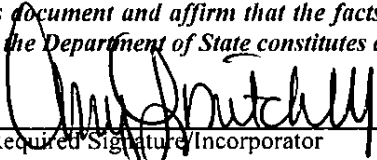


Required Signature/Registered Agent

4/23/2016

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

4/23/2016

Date