

P16000052340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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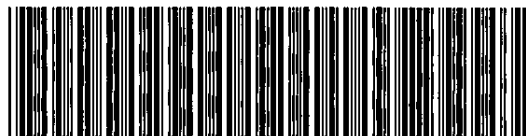
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 14 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/14

COVER LETTER

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

SUBJECT: Fresh Market Cafe & Bakery Co.

(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: Mark Miller
Name (Printed or typed)
665 Jackson St.
Address
Eustis, FL 32726
City, State & Zip
352-483-0607
Daytime Telephone number
freshmarketcafe@outlook.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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Fresh Market Cafe & Bakery Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

665 Jackson St.

Eustis, Fl

32726

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: As a restaurant and catering company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark S. Miller, CEO

Name and Title: _____

Address 665 Jackson St.

Address: _____

Eustis, FL

32726

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Mark S. Miller
Address: 665 Jackson St.
Eustis, FL, 32726

ARTICLE VII INCORPORATOR

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

Name: Mark S. Miller
Address: 665 Jackson St.
Eustis, FL, 32726


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 8, 2016 (OPTIONAL)

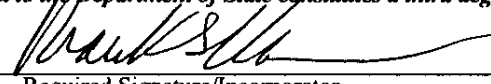
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 June 8, 2016
Required Signature/Registered Agent 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.

 June 8, 2016
Required Signature/Incorporator Date