

P160000057436

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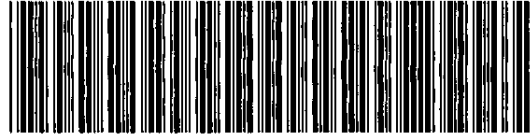
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JUL 13 2016

T. SCOTT



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## COVER LETTER

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

**SUBJECT:** Drink 1 Cup, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Nixon Octavien

\_\_\_\_\_  
Name (Printed or typed)

1752 NW 55th Ave #202

\_\_\_\_\_  
Address

Lauderhill, FL 33313

\_\_\_\_\_  
City, State & Zip

954-326-0513

\_\_\_\_\_  
Daytime Telephone number

nixonoctavien@yahoo.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: Drink 1 Cup, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1752 NW 55th Ave #202  
Lauderhill, FL 33313

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to produce, wholesale, and distribute coffee and related products throughout the United States and internationally.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nixon Octavien, President

Address: 1752 NW 55th Ave #202  
Lauderhill, FL 33313

Name and Title: Alta Octavien, Vice-President

Address: 1752 NW 55th Ave #202  
Lauderhill, FL 33313

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Nixon Octavien  
Address: 1752 NW 55th Ave #202  
Lauderhill, FL 33313

**ARTICLE VII INCORPORATOR**

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

Name: Nixon Octavien  
Address: 1752 NW 55th Ave #202  
Lauderhill, FL 33313

**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*

Nixon Octavien 6-29-16  
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.*

Nixon Octavien 6-29-16  
Required Signature/Incorporator Date