

P/6000070/52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

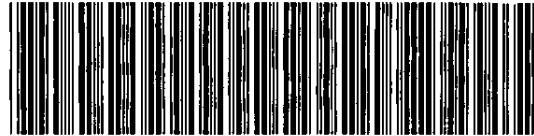
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/18/16--01024--010 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 18 AM 11:30

W/6-058980

✓ 08/25/16

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DIVISION OF CORPORATIONS
16 AUG 18 AM 11:30

KELSEY MORRIS

4411 AZURE ISLE WAY

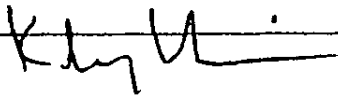
KISSIMMEE, FL 34744

FL DOS DIVISION OF CORPORATIONS,

I, KELSEY MORRIS, DO NOT WISH TO REINSTATE
MISSION COFFEE LLC, DOCUMENT NUMBER L16000017571.

THANK YOU FOR YOUR TIME AND HELP.

REGARDS,



KELSEY MORRIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

KELSEY MORRIS
4411 AZURE ISLE WAY
KISSIMMEE, FL 34744

SUBJECT: MISSION COFFEE INC.
Ref. Number: W16000058980

We have received your document for MISSION COFFEE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L160000017571.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 916A00018097

COVER LETTER

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

SUBJECT: Mission Coffee 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kelsey Morris

Name (Printed or typed)

4411 Azure Isle Way

Address

Kissimmee, FL 34744

City, State & Zip

(407) 488-2092

Daytime Telephone number

kelsey@missioncoffee.net

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: Mission Coffee Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4411 Azure Isle Way

Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelsey Morris, PTSD

Name and Title: _____

Address 4411 Azure Isle Way

Address: _____

Kissimmee, FL 34744

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kelsey Morris
Address: 4411 Azure Isle Way
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

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

Name: Kelsey Morris
Address: 4411 Azure Isle Way
Kissimmee, FL 34744

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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

8/15/16

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

8/15/16

Date