

P/60000 81908

(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

OCT 07 2016

T. SCOTT



100291011431

SECRET
TALLAHASSEE, FLORIDA

16 OCT -7 PM 1:47

RECEIVED
OCT 7 2016

10/07/16--01013--012 **78.75

13 40/1000
SUFFICIENT FILING

16 OCT -7 PM 1:34

RECEIVED
OCT 7 2016

COVER LETTER

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

SUBJECT: _____

Under Wraps, 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: _____

Gina Bonyani

Name (Printed or typed)

1703 apache pkwy

Address

Tallahassee, FL 32301

City, State & Zip

850-727-7012

Daytime Telephone number

bonyanigina@ukcc.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: Uncle wraps, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address 1703 Apalache Pkwy Mailing address, if different is: _____

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 1 -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina Bonfani Name and Title: _____

Address 8140 Lantern light rd Address: _____

Tallahassee FL 32312

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 OCT - 7 PM 1:47
SECRET
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: Carm Bonfanti
Address: 8140 Lanternlight Lane
Tallahassee - FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carm Bonfanti
Address: 8140 Lanternlight Lane
Tallahassee, FL 32312

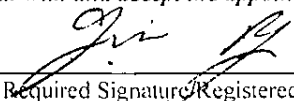
ARTICLE VIII EFFECTIVE DATE:

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.)

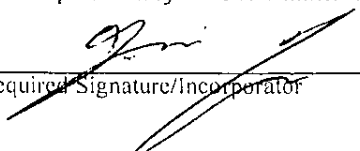
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-7-16
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

10-7-16
Date