

# P/6000082838

\_\_\_\_\_  
(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



100291019031

FILING CANCELLED  
RETURNED CHECK

10/13/16--01001--007 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DATE OCT 12 PM 2:15

*K* 10/13/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2016

WILLIE WILLIAMS  
409 AVE. M NORTHEAST  
WINTER HAVEN, FL 33881

**FILING CANCELLED  
RETURNED CHECK**

SUBJECT: FLAVOR FROM FLORIDA INC  
Ref. Number: W16000065676

We have received your document for FLAVOR FROM FLORIDA INC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

A corporation may not serve as its own incorporator. Please designate the individual whose signature appears on the signature line.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 116A00020449

## COVER LETTER

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

SUBJECT: Flavor From Florida 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: Willie James Williams  
Name (Printed or typed)

409 Avenue M N. E.  
Address

Winter Haven, Florida 33881  
City, State & Zip

863-280-5551  
Daytime Telephone number

WAnthony034@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILING CANCELLED  
RETURNED CHECK

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: Flavor From Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

409 Avenue M N.E.  
Winter Haven, Florida 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Juice and Kool Aid and Bottling

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willie James Williams Name and Title: Owner

Address: 409 Avenue M N.E. Address: \_\_\_\_\_  
Winter Haven, Florida 33881

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
CLERK OF COURT  
11/15/88 OCT 12 PM 2:15

FILING CANCELLED  
RETURNED CHECK

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: Willie James Williams  
Address: 409 Avenue M N.E.  
Winter Haven, Florida 33881

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS  
2016 OCT 12 PM 2:15

**ARTICLE VII INCORPORATOR**

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

Name: Willie James Williams  
Address: 409 Avenue M N.E.  
Winter Haven, Florida 33881

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/23/16 (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*

Willie J. Williams  
Required Signature/Registered Agent

9/23/16  
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.*

Willie J. Williams  
Required Signature/Incorporator

9/23/16  
Date