## P16 000083850

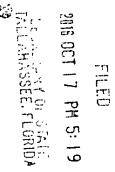
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## **COVER LETTER**

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

SUBJECT: Holy Oats, Co.				
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:		
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	PPY REQUIRED		
FROM: <u>Mubvielle Feulner</u> Name (Printed or typed)  Association of the state of the				
4460 Lower Park Rd. # 2213 Address				
Ovlando, FL 32814 City, State & Zip				
907-376-0012  Daytime Telephone number				
gabrielle@hoiyoatsorlando.cen  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)

FILED NAME 2015 OCT 17 PM 5: 19 The name of the corporation shall be:\_\_\_\_ Mailing address Affidifferent is: Y DF STATE ARTICLE II PRINCIPAL OFFICE Principal street address 4460 Lover Park Rd. #2213 Orlando, FL 32814 ARTICLE III PURPOSE
The purpose for which the corporation is organized is: +1 provide healthy
frod services, specifically cartmeals, coffee and the ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Gabrille Feulner, Pusident
Name and Title: HEC Lewer Park Rd. Address: Wande FL 3281F Name and Title: Heltor Guerrer, President
Name and Title: Name and Title:

Address 1902 Partrush Drive Address: Avlando KL 32828 Name and Title:\_\_\_\_\_\_Name and Title:\_\_\_\_\_ Address Address:

•		FILED
Name and Title:	Name and Title:	2018 OCT 17 PM 5: 40
Address	Address:	
		FALL MASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name: Japrielle Funner		
Address: 4460 Lower Park K.	d. #221.	3
Name: Gabrielle Fudner  4460 Lower Park K.  Orlande, El 32014		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Cambrielle Further		
Address: 4460 Lewer Park Rd	#22/3	
Name: Address: Of the Incorporator is:  Name: Address: Afbe Lewer Park Rd  Ovlande, FL 32814		
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	, (OP	
(If an effective date is listed, the date must be specific and cannot days after the filing.)	t be more than fi	ve business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing rec	quirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg		
(Astriell Gulner		10/13/16
Required Signature/Registered Agent	<del></del>	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon		
Jakielle Leulner	-	10/13/16
Required Signature/Incorporator		Date