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2016 OCT 17 PM 5:19
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: Holy Oats, Co.
(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: Gabrielle Fournier
Name (Printed or typed)

4460 Lower Park Rd. #2213
Address

Orlando, FL 32814
City, State & Zip

407-376-0812
Daytime Telephone number

gabrielle@holyoatsorlando.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)

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ARTICLE I NAME

The name of the corporation shall be: Holy Oats, Co.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4460 Lower Park Rd. #2213
Orlando, FL 32814

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide healthy
food services, specifically oatmeals,
coffee and tea.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabrielle Foulmer, President Name and Title: _____

Address: 4460 Lower Park Rd. Address: _____

#2213

Orlando, FL 32814

Name and Title: Hector Guerrero, Vice President Name and Title: _____

Address: 14002 Portrush Drive Address: _____

Orlando, FL 32828

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Gabrielle Eulner

Address:

4460 Lower Park Rd. #2213
Orlando, FL 32814

ARTICLE VII INCORPORATOR

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

Name:

Gabrielle Eulner

Address:

4460 Lower Park Rd. #2213
Orlando, FL 32814

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

Gabrielle Eulner

Required Signature/Registered Agent

10/13/16
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.

Gabrielle Eulner

Required Signature/Incorporator

10/13/16
Date