

P1600098527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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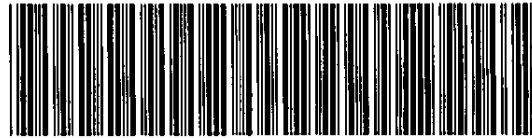
(Business Entity Name)

(Document Number)

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STATE
CLERK
TALLAHASSEE, FLORIDA

M. MOON
DEC 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2016

HAYLEE SHADDOCK
3156 PINE FOREST DRIVE
PALM HARBOR, FL 34684

12/05/2016

SUBJECT: ~~SWEET MAGNOLIA, INC.~~
Ref. Number: W16000078389

Sweet MAGNOLIA Bakery

Bakery

We have received your document for SWEET MAGNOLIA, ~~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 an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L06000076725.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 716A00024981

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SWEET MAGNOLIA, 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: HAYLEE SHADDOCK

Name (Printed or typed)

3156 Pine Forest Drive

Address

Palm Harbor, FL 34684

City, State & Zip

727-422-2951

Daytime Telephone number

hayleeshaddock@gmail.com

E-mail address: (to be used for future annual report notification)

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

16 DEC -8 PM 5:28
SECRET
STATE
OFFICE

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:

~~SWEET MAGNOLIA, INC.~~ Sweet Magnolia Bakery Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3156 Pine Forest Drive

Palm Harbor, Fl 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in any activity permitted by the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Haylee Shaddock, President

Name and Title:

Address 3156 Pine Forest Drive

Address:

Palm Harbor, Fl 34684

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE

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: Haylee Shaddock
Address: 3156 Pine Forest Drive
Palm harbor, Fl 34684

ARTICLE VII INCORPORATOR

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

Name: Haylee Shaddock
Address: 3156 Pine Forest Drive
Palm Harbor, Fl 34684

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 days prior or 90 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

Haylee Shaddock
Required Signature/Registered Agent

11/13/16
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.

Haylee Shaddock
Required Signature/Incorporator

11/13/16
Date