

P17000046508

(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



800299038308

05/12/17--01026--011 **128.75

FILED
17 MAY 25 AM 10:54
SLOAN COUNTY STATE
FILING OFFICE
FILER'S OFFICE

MAY 26 2017

T SCHROEDER

COVER LETTER

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

SUBJECT: Refreshment Concepts, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

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

CERTIFICATE OF DOMESTICATION

The undersigned, Camille A Crawford, Chief Executive Officer,
(Name) (Title)

of Refreshment Concepts, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 2, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Georgia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Refreshment Concepts, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Refreshment Concepts, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Georgia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO, of Refreshment Concepts, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 5 day of May, 2017.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
17 MAY 25 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Refreshment Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

Camille A Crawford

401 E Las Olas Blvd.

Suite 1400

Ft. Lauderdale, FL 33301

401 E Las Olas Blvd.

Suite 1400

Ft. Lauderdale, FL 33301

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Food Service

SECRETARY OF STATE
TALLAHASSEE, FL 32304

17 MAY 25 AM 10:54

FILED

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1,000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Camille A Crawford

3510 Trotter Drive

Alpharetta, GA 30004

Title/Name

Chief Executive Officer

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

17 MAY 25 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Daniel R Thompson

401 E Las Olas Blvd. #1400

Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Daniel R Thompson

401 E Las Olas Blvd. #1400

Ft. Lauderdale, FL 33301

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

5/10/17
Date

Signature/Incorporator

5/10/17
Date

FILED
17 MAY 25 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA