

PI8000008360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

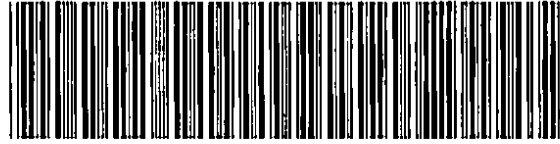
(Document Number)

Certified Copies _____

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FILED
18 JAN 24 PM 3:00
TALLAHASSEE, FLORIDA



2018 JAN 26 PM 2:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2018

MELODY PLAIT
4140 WOODLAND CIRCLE
DELAND, FL 32724

SUBJECT: WITCHES BREW
Ref. Number: W18000003611

We have received your document for WITCHES BREW and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 218A00000818

FILED
18 JAN 24 PM 3:11
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Witches Brew
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: _____
Name (Printed or typed)

4140 Woodland Circle

Address

DeLand, FL 32724

City, State & Zip

928-451-0064

Daytime Telephone number

melodydawneolait@gmail

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)

ARTICLE I NAME

The name of the corporation shall be: Witches Brew INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1425 Tomoka Farms Rd

Daytona Beach, FL 32124

Mailing address, if different is:

1196 N. Garfield Ave.

DeLand, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Resale and gift store selling to the public spiritual and metaphysical supplies.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ \$1 a piece.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melody Plait PSD

Address 4140 Woodland Circle

DeLand, FL 32724

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ALL ASSESSES, FLORIDA

11 24 PM 3:11

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: Melody Plait
Address: 4140 Woodland Ci
Deland FL 32724

ARTICLE VII INCORPORATOR

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

Name: Melody Plait
Address: 4140 Woodland Ci
Deland FL 32724

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18 JAN 24 PM 3:11
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 01/08/2018

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

Melody Plait
Required Signature/Registered Agent

01/08/2018
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.

Melody Plait
Required Signature/Incorporator

01/08/20198
Date