

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# P18000020886

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : 120070000020  
Phone : (813)435-3176  
Fax Number : (713)429-1276

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NS@NickSpradlin.Com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Cookie Twirl Attractions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED  
2018 MAR -6 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Cookie Twirl Attractions, Inc.  
The name of the corporation shall be: \_\_\_\_\_**ARTICLE II PRINCIPAL OFFICE**Principal street address  
7033 Clearwater Drive \_\_\_\_\_Mailing address, if different is:  
7033 Clearwater Drive \_\_\_\_\_

Spring Hill, Florida 34606 \_\_\_\_\_

Spring Hill, Florida 34606 \_\_\_\_\_

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all Lawful Business Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES** 1000 Common Stock at \$0.10 par value  
The number of shares of stock is: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: INTENTIONALLY LEFT BLANK

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: THE LAW OFFICES OF NICK SPRADLIN, PLLC  
Address: 2202 N. WEST SHORE BLVD STE 200  
TAMPA, FLORIDA 33607

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN, ESQ.  
Address: 2202 N. WEST SHORE BLVD STE 200  
TAMPA, FLORIDA 33607

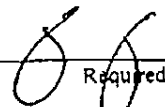
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

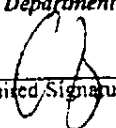
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

	03/06/2018
Required Signature/Registered Agent	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.

	03/06/2018
Required Signature/Incorporator	Date

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