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SECOND FLA. SECRETARY
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAR 15 2018

COVER LETTER

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

SUBJECT: _____

The JUICEBOX TRUCK 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
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: _____

KEVIN MOONEY

Name (Printed or typed)

500 SW 145th AVE, Apt. 215

Address

Hollywood, FL 33027

City, State & Zip

941-448-5340

Daytime Telephone number

mooney.kevin@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: The JuiceBox Truck INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

500 SW 145th AVE, Apt 215
Hollywood, FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help people on the go achieve their lifestyle goals. With the JuiceBox Truck being mobile we can bring fitness and juicing to a whole new level. Yoga & fitness and fresh juice on the go. also applying for TM, "Our Box is juicier THAN THEIRS!"

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KERIN MOONEY, CEO Name and Title: Alyssa Poole, CEOM

Address: 5752 Sabal Trace Dr Address: 500 SW 145th AVE
Unit 203 Apt 215
NORTH PORT, FL 34207 Hollywood, FL 33027

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA



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: KERIN MOONEY
Address: 1723 145th St E
Bradenton, FL 34212

ARTICLE VII INCORPORATOR

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

Name: KERIN MOONEY
Address: 5752 Sabal Trace Dr. Unit 203
NORTH PORT, FL 34287

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TALLAHASSEE, FLORIDA

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

Kerin Mooney
Required Signature/Registered Agent

2.28.18
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.

Kerin Mooney
Required Signature/Incorporator

2.28.18
Date