

P18000062941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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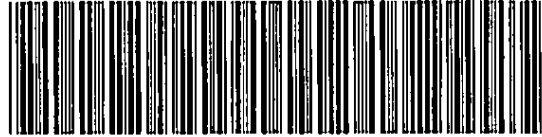
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2018 JUL 19 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SOUTHERN TRUFFLE COMPANY, 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: DAVID M. RUTHERFORD, INCOME TAX SPECIALIST
Name (Printed or typed)

P.O. BOX 5530

Address

DESTIN FL 32540

City, State & Zip

850-460-2995

Daytime Telephone number

COUNTRYPRO1@AOL.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

SOUTHERN TRUFFLE COMPANY, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

422 SPRING LANE

422 SPRING LANE

DESTIN FL 32541

DESTIN FL 32541

ARTICLE III PURPOSE

TO SELL TO THE GENERAL PUBLIC FRESH AND PACKAGED
The purpose for which the corporation is organized is: _____
TRUFFLE MUSHROOMS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, COUNTY, AND LOCAL
LAWS.

ARTICLE IV SHARES

1,500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAMERON JERZERICK, PRESIDENT

Name and Title: _____

Address 422 SPRING LANE

Address: _____

DESTIN FL 32541

Name and Title: ALEKSANDER YAZADZHI, SECRETARY

Name and Title: _____

Address 368 EVERGREEN CIRCLE

Address: _____

DESTIN FL 32541

Name and Title: NAEEM A. MALIK, VICE PRESIDENT

Name and Title: _____

Address 4010 COMMONS DRIVE WEST

Address: _____

UNIT 122

DESTIN FL 32541

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2018 JUL 19 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FL 32301

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: CAMERON JERZERICK
Address: 422 SPRING LANE
DESTIN FL 32541

ARTICLE VII INCORPORATOR

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

Name: CAMERON JERZERICK
Address: 422 SPRING LANE
DESTIN FL 32541

ARTICLE VIII EFFECTIVE DATE: JULY 15, 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

Required Signature/Registered Agent
07/15/2018
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.

Required Signature/Incorporator
07/15/2018
Date