

P18000072031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

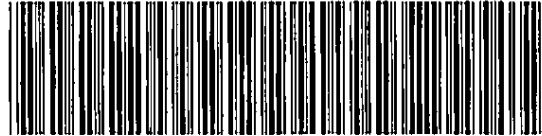
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILING OFFICE

COLLINS  
AUG 23 2018

## COVER LETTER

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

SUBJECT: Vagabond Coffee 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Adam B. Edgecombe, Esq.  
\_\_\_\_\_  
Name (Printed or typed)

One Independent Drive, Suite 1400  
\_\_\_\_\_  
Address

Jacksonville, FL 32202  
\_\_\_\_\_  
City, State & Zip

904-389-0050  
\_\_\_\_\_  
Daytime Telephone number

Aedgecombe@jimersoncobb.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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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: Vagabon Coffee Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

934 Edgewood Avenue S.

Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 2,250,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William J. Morgan P/D

Name and Title:

Address 934 Edgewood Avenue S.

Address:

Jacksonville, FL 32205

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT  
JACKSONVILLE, 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: Adam B. Edgecombe, Esq.  
Address: One Independent Drive, Suite 1400  
Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William J. Morgan  
Address: 934 Edgewood Avenue S.  
Jacksonville, FL 32205

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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.)

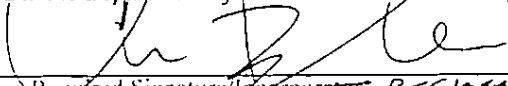
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent INCORPORATOR

8.7.18  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator REGISTERED AGENT

8.7.18  
\_\_\_\_\_  
Date

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Address 934 Edgewood Avenue S.

Jacksonville, FL 32205

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

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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CLERK OF COURT  
JACKSONVILLE, FL

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

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

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Jacksonville, FL 32202

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FLORIDA DEPARTMENT OF STATE

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William J. Morgan 8.7.18  
Required Signature/Registered Agent INCORPORATOR Date

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Adam B. Edgecombe 8.7.18  
Required Signature/Incorporator REGISTERED AGENT Date

Adam B. Edgecombe



aedgecombe@jimersoncobb.com  
www.jimersoncobb.com

**JIMERSON & COBB, P.A.**

August 20, 2018

**VIA U.S. MAIL**

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

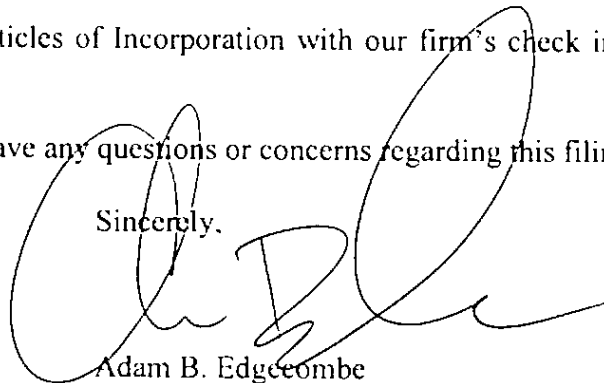
**Re: Articles of Incorporation – Vagabond Coffee Company, Inc.**

Dear New Filing Section:

Please find enclosed the original Articles of Incorporation with our firm's check in the amount of \$70.00.

Please do not hesitate to call if you have any questions or concerns regarding this filing.

Sincerely,



Adam B. Edgecombe

ABE/jmc  
Enclosures

cc: File

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