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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

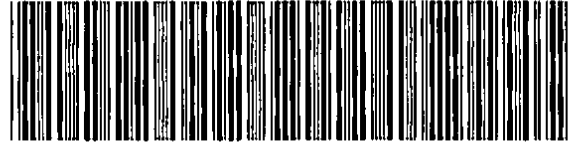
Certified Copies _____ Certificates of Status _____

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2019 JUN -7 AM 9:15
FALLAITE

COVER LETTER

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

SUBJECT: THE SEVEN DWARFS 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: DARIN TAYLOR
Name (Printed or typed)

8300 WESTERN WAY SUITE 209
Address

JACKSONVILLE, FL 32256 U.S.
City, State & Zip

• 1 (904) 383-8232 •
Daytime Telephone number

DARIN TAYLOR55 @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 SEVEN DWARFS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8300 WESTERN WAY SUITE 209
JACKSONVILLE, FL 32276 U.S.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are a holdings
company, that want to invest in and purchase
plant based companies such as plant based
food companies, companies that produce
products that are cruelty free, such as
clean energy companies. Overall we want
to be a company that helps planet EARTH

ARTICLE IV SHARES

The number of shares of stock is: 140,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO / President Name and Title: _____

Address: DARIN TAYLOR Address: _____

8300 WESTERN WAY SUITE 209
JACKSONVILLE, FL 32256 (U.S.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: DARIN TAYLOR
Address: 8300 WESTERN WAY Suite 209
JACKSONVILLE, FL 32256 (U.S.)

ARTICLE VII INCORPORATOR

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

Name: DARIN TAYLOR
Address: 8300 WESTERN WAY Suite 209
JACKSONVILLE, FL 32256 (U.S.)

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.)

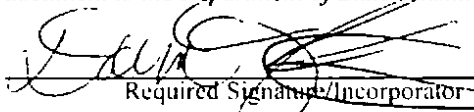
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05-14-2019
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

05-14-2019
Date