

P19000055221

(Requestor's Name)

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(Business Entity Name)

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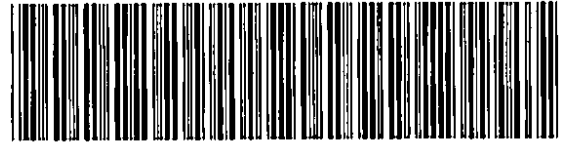
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SECRETARY OF STATE
DIVISION OF CORPORATION
19 JUL -2 AM 6:17
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: D's Nuts, 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: CANDIS B. DOWNING
Name (Printed or typed)

12606 Green Oak Lane
Address

Dade City, FL 33525
City, State & Zip

561-795-9963
Daytime Telephone number

CANDISD3621@yahoo.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: D's Nuts, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12606 Green Oak Lane
Dade City, FL 33525

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mainly to MAKE + sell cinnamon glazed nuts
(Bavarian Style) at various events such as green
markets, festivals + flea markets.

Occasionally add additional items: popcorn, fudge
+ non-alcoholic drinks.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CANDIS B. DOWKIN- Name and Title: _____

Address 12606 Green Oak Lane Address: _____

Dade City, FL 33525

Director

Name and Title: JONATHAN C. DOWKIN Name and Title: _____

Address 12606 Green Oak Lane Address: _____

Dade City, FL 33525

Director

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL -2 AM 6:17
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: Candis B. Downin

Address: 12606 Green Oak Lane
Dade City, FL 33525

ARTICLE VII INCORPORATOR

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

Name: Candis B. Downin

Address: 12606 Green Oak Lane
Dade City, FL 33525

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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

Candis B. Downin

Required Signature/Registered Agent

28 Jun 19

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.

Candis B. Downin

Required Signature/Incorporator

28 Jun 19

Date