

P19 000071204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

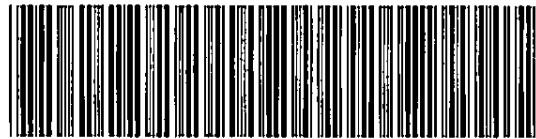
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SEP 18 2019

2019 SEP -6 AM 11:40

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## COVER LETTER

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

**SUBJECT:** FLIPPIN DONUTS, 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:** JAMES W WILKINS  
\_\_\_\_\_  
Name (Printed or typed)

911 NE 2ND STREET  
\_\_\_\_\_  
Address

OCALA, FL. 34470  
\_\_\_\_\_  
City, State & Zip

352-399-1158  
\_\_\_\_\_  
Daytime Telephone number

YAGERTAXNOT@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**

The name of the corporation shall be: FLIPPIN DONUTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

JAMES W. WILKINS

14274 SE 61ST AVENUE

SUMMERFIELD, FL. 34491

Mailing address, if different is:

JAMES W. WILKINS

911 NE 2ND STREET

OCALA, FL. 34470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES W. WILKINS - PRESIDENT

Address 14274 SE 61ST AVENUE

SUMMERFIELD, FL. 34491

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

2019 SEP -6 AM 11:40

FILED

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: JAMES W. WILKINS  
Address: 14274 SE 61ST AVENUE  
SUMMERFIELD, FL. 34491

**ARTICLE VII INCORPORATOR**

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

Name: JAMES W. WILKINS  
Address: 14274 SE 61ST AVENUE  
SUMMERFIELD, FL. 34491

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/24/2019 (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*

X

Required Signature/Registered Agent

08/24/2019

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.*

X

Required Signature/Incorporator

08/24/2019

Date