

7/13/2020

Division of Corporations

P2 0000052702

Florida Department of State
 Division of Corporations
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To:
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 Fax Number : (850)617-6381

From:
 Account Name : THERREL BAISDEN, LLP
 Account Number : I20140000065
 Phone : (305)371-5758
 Fax Number : (305)371-3178

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PCUMMINGS@THERRELBAISDEN.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
 HAND MADE ORGANIC, INC.**

Certificate of Status	0
Certified Copy	0
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2020 JUL 13 PM 3:35

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COVER LETTER

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

SUBJECT: HAND MADE ORGANIC, 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: PAUL M. CUMMINGS, ESQ.
Name (Printed or typed)

1 SE 3RD AVENUE, SUITE 2950
Address

MIAMI, FL 33131
City, State & Zip

(305) 371-5758
Daytime Telephone number

PCUMMINGS@THERRELBAISDEN.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **H20000222085 3**

ARTICLE I NAME

The name of the corporation shall be: HAND MADE ORGANIC, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 SHORE LN

MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DEVELOPMENT / SALE OF FOOD PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED (500)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SQUIRE, EDWARD, DIRECTOR Name and Title: _____

Address 1000 SHORE LANE Address: _____

MIAMI BEACH, FL 33141 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 JUL 13 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: H20000222085 3
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: PAUL M. CUMMINGS, ESQ.
 Address: 1 SE 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

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

Name: PAUL M. CUMMINGS, ESQ.
 Address: 1 SE 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

ARTICLE VIII EFFECTIVE DATE:

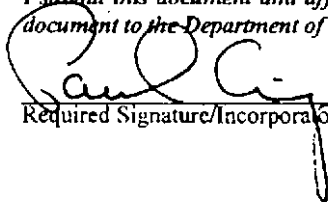
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 7/13/2020
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

Date 7/13/2020
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 TALLAHASSEE, FL
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