

P20000069442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

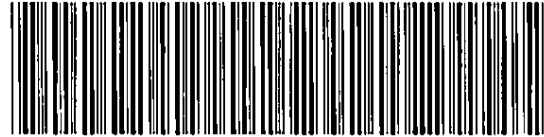
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2020 SEP -9 PM 1:32  
TALLAHASSEE, FL

2020 SEP -9 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

IN CULLIGAN

SEP 10 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/8/2020

**\*\*WALK IN\*\***

ENTITY NAME EVERYTHING DELICIOUS ! INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

7777  
Plain Copy  
Certified Copy  
Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
Certified Copy of Arts & Amendments  
\_\_\_\_\_  
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  
\_\_\_\_\_  
Certificate of Status  
\_\_\_\_\_  
Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Leggard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

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

SUBJECT: Everything Delicious I 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

|   |   |
|---|---|
| <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| ADDITIONAL COPY REQUIRED  |   |

FROM: Dolores Burton/United Corporate Services, Inc.  
Name (Printed or typed)

100 State Street, Suite 800  
Address

Albany, NY 12207  
City, State & Zip

877-894-9049 Ext 217  
Daytime Telephone number

AJSAJJAJI@YAHOO.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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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Everything Delicious ! Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 MLK Blvd.

Winter Haven, FL 33881

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Eatery

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Johnson, President/Director

Name and Title: Aaron Johnson, VP/Director

Address 105 MLK Blvd.

Address: 105 MLK Blvd.

Winter Haven, FL 33881

Winter Haven, FL 33881

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Aaron Johnson  
Address: 105 MLK Blvd.  
Winter Haven, FL 33881

**ARTICLE VII INCORPORATOR**

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

Name: Aaron Johnson  
Address: 105 MLK Blvd.  
Winter Haven, FL 33881

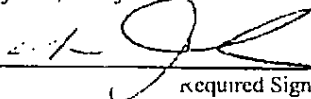
**ARTICLE VIII EFFECTIVE DATE:**

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.

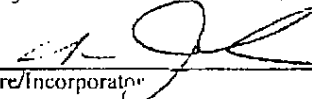
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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

09/4/2020

\_\_\_\_\_  
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

09/04/2020

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED