

P21 0000000 656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

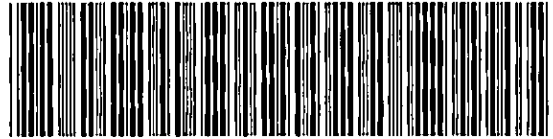
(Business Entity Name)

(Document Number)

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

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2021 JAN -4 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -6 AM 11:28

FILED

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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: Mema Papa Food Hut and Seasonings Inc.  
Name (Printed or typed)

P.O. Box 180673  
Address

Tallahassee FL 32318  
City, State & Zip

850 518-0435  
Daytime Telephone number

mema.papa.food.hut@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2021

TOMMY PRICE  
PO BOX 180673  
TALLAHASSEE, FL 32318

SUBJECT: MEMA PAPA FOOD HUT AND SEASONINGS INC.  
Ref. Number: W21000000869

We have received your document for MEMA PAPA FOOD HUT AND SEASONINGS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you have complete the wrong form based upon your purpose. You submitted for a Non Profit Corporation. I am enclosing a Profit Corporation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 921A00000198

**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: Mama Papa Food Hut and Seasonings Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5524 Sullivan Rd  
Tallahassee, FL  
32310

Mailing address, if different is:

P.O. Box 180673  
Tallahassee, FL 32318

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide Quality Seasonings, Dry Seasonings

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Tommy Price - President

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

Address P.O. Box 180673

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

Tallahassee, FL  
32318

Name and Title: Valerie Price - V. President

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

Address P.O. Box 180673

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

Tallahassee, FL  
32318

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Tommy Price  
Address: 5824 Sullivan Rd.  
Tallahassee, FL 32310

**ARTICLE VII INCORPORATOR**

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

Name: Tommy Price  
Address: P.O. Box 180673  
Tallahassee, FL 32310

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TALLAHASSEE, FL

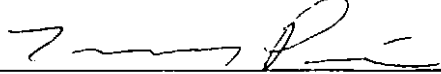
**ARTICLE VIII EFFECTIVE DATE:**

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.)

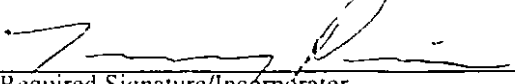
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

01/06/2021  
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

01/06/2021  
Date