

P21000001927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

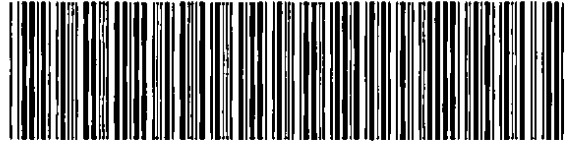
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Ancient City Coffee Inc.  
Name Document Number (if known)

Walk in  Will wait

Certified Copy  
 Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 INC  
 OTHER - Corp

**AMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Conversion  
 Merger

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 Statement of Authority  
 APOSTIL ( )   
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

EXAMINER'S INITIALS: \_\_\_\_\_



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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: Ancient City Coffee Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2696 Creek Ridge Dr.

2696 Creek Ridge Dr.

Green Cove Springs, Fl. 32043

Green Cove Springs, Fl. 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Shepard, President Name and Title: \_\_\_\_\_

Address 2696 Creek Ridge Dr. Address: \_\_\_\_\_

Green Cove Springs, Fl. 32043 \_\_\_\_\_

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: Daniel Hunt, Esq. FI Bar #121247  
 Address: 6709 N. Kendall Dr. Unit 213  
Miami, Florida, 33156

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 TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Charles Shepard  
 Address: 2696 Creek Ridge Dr.  
Green Cove Springs, Fl. 32043

**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*

Daniel H Hunt  
 Required Signature: Registered Agent

02/03/2021  
 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.*

Joseph Shepard  
 Required Signature: Incorporator

2/3/2021  
 Date