

1/6/23, 10:50 AM

Division of Corporations

P23000001215

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SWEET TEA GUMMY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2023-01-06 PM 1:32

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Corporate Filing Menu

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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: SWEET TEA GUMMY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8135 NW 108 AVE

DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIETA OLAVARRI (P)

Name and Title:

Address

8135 NW 108 AVE

Address:

DORAL, FL 33178

Name and Title: ADRIANA OLAVARRI (VP)

Name and Title:

Address

8135 NW 108 AVE

Address:

DORAL, FL 33178

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: Adriana Olavarri
Address: 8135 Nw 108 Ave
Doral Fl 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adriana Olavarri
Address: 8135 Nw 108 Ave
Doral Fl 33178

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
Jan 5, 2023
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 _____