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Division of Corporations
 Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
 Account Number : 120190000062
 Phone : (239)850-9451
 Fax Number : (866)929-0535

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

Email Address: KFOUSEK1@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PPBS, INC

Certificate of Status	1
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March 20, 2023

FLORIDA DEPARTMENT OF STATE

PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Division of Corporations

SUBJECT: PPBS, INC
REF: W23000037691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000101803
Letter Number: 523A00006397

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

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

SUBJECT: PPBS, 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:** WILLIAM O SCAGGS JRName (Printed or typed)4120 HANCOCK BRIDGE PKWYAddressNORTH FORT MYERS, FL 33903City, State & Zip239-910-6555Daytime Telephone numberLBSKAGGS@YAHOO.COME-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)

ARTICLE I NAMEThe name of the corporation shall be: PPBS, INC**ARTICLE II PRINCIPAL OFFICE**4120 HANCOCK BRIDGE PKWY
Principal street addressNORTH FORT MYERS, FL 33903Mailing address, if different is:KEITH FOUSER6400 SW 16TH STNORTH LAUDERDALE, FL 33068**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILLIAM O SCAGGS JR /PRES

Name and Title: _____

Address: 4120 HANCOCK BRIDGE PKWY

Address: _____

NORTH FORT MYERS, FL 33903

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: KEITH FOUSEK
 Address: 6400 SW 16th St
NORTH LAUDERDALE, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: WILLIAM O SCAGGE JR
 Address: 4120 HANCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 33903

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.

[Signature]
 Registered Signature/Registered Agent

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.817.355, F.S.

[Signature]
 Required Signature/Incorporator

3/17/23
 Date
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 MAR 28 9:21 AM
 TALLAHASSEE
 FLORIDA

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