

P24000058641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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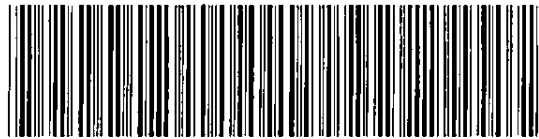
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP -9 PM 3:57

COVER LETTER

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

SUBJECT: Frank's Authentic Juice Co.
(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: Marisa Carrara
Name (Printed or typed)

21767 High Pine Trail
Address

Boca Raton, FL 33428
City, State & Zip

305-989-8000
Daytime Telephone number

franksAuthenticJuiceCo@gmail.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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RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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: Frank's Authentic Juice Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address
21767 High Pine Trail
Boca Raton, FL 33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any
lawful activity for which a company
may be organized in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marisa Carrara Name and Title: Frank Padron

Address: 21767 High Pine Trail Address: 1401 Madison St.
Boca Raton, FL 33428 Apt. 7

Hollywood, FL 33020

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP -9 PM 3:57

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: Marisa Carrara

Address: 21767 High Pine Trail
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

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

Name: Marisa Carrara

Address: 21767 High Pine Trail
BOCA RATON, FL 33428


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.)

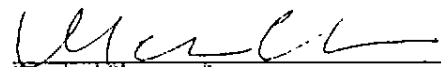
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/17/24
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

8/17/24
Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS