

P 24000065200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

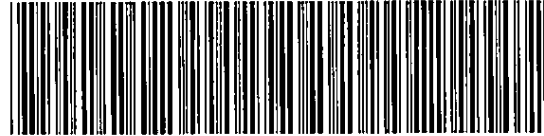
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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10/22/24--01008--006 **70.00

2024

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FILED
2024 OCT 22 AM 11:34
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Pine Society LLC 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:

Tiffany Little

Name (Printed or typed)

815 W. Madison St #120

Address

Tallahassee, FL 32304

City, State & Zip

~~850.841.0473~~

850.841.0473

Daytime Telephone number

admin@prettyhabits.co

E-mail address: (to be used for future annual report notification)

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

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: Vice Society FLH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

815 W Madison St #120 Tallahassee, FL
32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant/Coffee Shop

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany Little CEO

Name and Title: Dusty Nelson Secretary

Address 815 W Madison St #120
Tallahassee, FL 32304

Address: 815 W Madison

Name and Title: Kaylyn Williams CFO

Name and Title: _____

Address 815 W Madison St #120
Tallahassee, FL 32304

Address: _____

Name and Title: Adam Wells COO

Name and Title: _____

Address 815 W Madison St #120
Tallahassee, FL 32304

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: Tiffany Little

Address: 815 W. Madison St #120

Tallahassee FL 32304

ARTICLE VII INCORPORATOR

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

Name: Tiffany Little

Address: 815 W. Madison St #120

Tallahassee, FL 32304

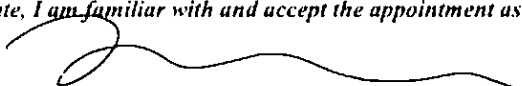
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/22/2024 (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.)

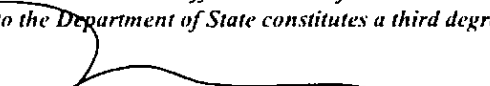
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/22/2024
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

10/22/2024
Date

2024

4:24