P95000051994

Diane Murray
(Requestor's Name)
4900 N A 1 A
(Address)
Vero Beach FL
(City, State, Zip) (Phone #) 32963

000001515850
-06/16/95--01057--003
****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. High Tide Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
95 JUL 5 AM 9:12

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

JUN 2 0 1995 BSB

502
W95-12513

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 20, 1995

DIANE MURRAY
4700-N A-1-A
VERO BEACH, FL 32963

SUBJECT: HIGH TIDE INC.
Ref. Number: W95000012513

We have received your document for HIGH TIDE INC. and check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 695A00030163

Articles of Incorporation of

FILED
95 JUL -5 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation is High Tide Inc of Vero Beach

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any business activity permitted under the laws of the United States and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is fifty (50) shares of common stock at No Par value per share.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation will begin business is: $5000.00

ARTICLE V - REGISTERED AGENT & REGISTERED OFFICE AND PRINCIPLE OFFICE

The name of the initial registered agent of this corporation is:

Diane Murray
Located at: 4700 N. A-1-A
Vero Beach FL 32963

ARTICLE VI - DIRECTOR

The corporation shall have one initial Director. The number may increase or be diminished by the By-Laws adopted by the Stockholders.

ARTICLE VII - INITIAL DIRECTOR

The name and address of the initial director is:

Diane Murray
4700 N A-1-A
Vero Beach FL 32963

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles of incorporation is: Diane Murray
4700 N A-1-A
Vero Beach FL 32963

ARTICLE IX - CORPORATE EXISTENCE

The existence of the corporation shall commence on the date of filing and shall be perpetual.

ACKNOWLEDGMENT:

I hereby swear that I am familiar with and accept the duties and responsibility of Registered Agent.

Sworn to and subscribed to me on this 13 day of June, 1995 A.D. St. Lucie County.

E. ANGEL BROWN MY COMMISSION EXPIRES NOVEMBER 22, 1997 #CC 332027 Bonded thru Tom Fain-Insurance NOTARY PUBLIC, STATE OF FLORIDA

Notary Public

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledge and filed the foregoing Articles of Incorporation Under the laws of the State of Florida, this 13 day of June, 1995

Sworn to and subscribed to me on this 13 day of June, 1995 A.D. St. Lucie County, Florida.

Notary Public

E. ANGEL BROWN MY COMMISSION EXPIRES NOVEMBER 22, 1997 #CC 332027 Bonded thru Tom Fain-Insurance NOTARY PUBLIC, STATE OF FLORIDA

Form **SS-4**
(Rev. December 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-0258671

OMB No. 1545-0003
Expires 12-31-92

1 Name of applicant (Legal name) (See instructions.)
High Tide Inc

2 Trade name of business, if different from name in line 1
High Tide Inc

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
4700 N A-1-A

4b City, state, and ZIP code
Vero Beach FL 32963

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located
Indian River FL

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) ▶ 081-32-2208
Diane Murray

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ REMIC
- ☐ Personal service corp
- ☐ State/local government
- ☐ National guard
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☒ Other corporation (specify) S-Corp
- ☐ Federal government/military
- ☐ Church or church controlled organization (enter GEN if applicable)
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State | Foreign country

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☒ Changed type of organization (specify) ▶ Incorporated
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
06/12/95

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A

13 Enter highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter "0." ▶	Nonagricultural	Agricultural	Household
	12	0	0

14 Principal activity (See instructions.) ▶ Food Service

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
407-231-1600

Name and title (Please type or print clearly.) ▶ Diane Murray

Signature ▶ Diane Murray Date ▶ 6-12-95

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying