P48000038865

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

SUBJECT:	The Pickled (Proposed co	People De proporate name - must include	e suffix)	
		. <u>r</u>	00002502 -04/28/981 *****70.00	23071 01009013 *****70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	:
		ADDITIONAL CO	PY REQUIRED	
FROM:	John Name (Pr	Macheod inted or typed)	· · · · · · · · · · · · · · · · · · ·	-
309 Sandcastle Way				
	Neptune Beach, FL 32266 & Zip			FILED FORETARY OF CORPI
	QN1-711-11771			STATE STATIONS ORATIONS 2: 29

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Pickled Pepper Deli, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8595 Beach Blvd. Unit 307 Gacksonville, Fl 32246

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS John Macleod

The name and Florida street address of the initial registered agent are:

309 Sandcastle Way Neptune Bch, Fl 32266

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

John MacLeod 309 Sandcastle Way Neptune Bch, Fl 32266

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Shelly D. Market Notary Public, State of Florida Apr 28, 2000