

P12000023457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

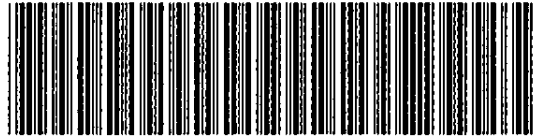
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12 MAR -8 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 9 2012

**COVER LETTER**

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

**SUBJECT: Four Chowder Heads, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: New England Chowder House**  
Name (Printed or typed)

1970 McCall Road  
Address

Englewood, FL 34223  
City, State & Zip

401-226-7837  
Daytime Telephone number

fourchowderheads@gmail.com  
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** Four Chowder Heads, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1970 McCall Road  
Englewood, FL 34223  
Mailing address, if different is: Same

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any lawful Florida Purpose

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Mario Stillo, President</u>	Name and Title: _____
Address: <u>273 Lakewood Lane</u>	Address: _____
<u>Port Charlotte, FL 33953</u>	_____
_____	_____
Name and Title: <u>James T. Heron, Vice-President</u>	Name and Title: _____
Address: <u>113 Sinclair Street SE</u>	Address: _____
<u>Port Charlotte, FL 33952</u>	_____
_____	_____
Name and Title: <u>Edward M. DeMichele Secretary/Treasurer</u>	Name and Title: _____
Address: <u>1920 Como Street</u>	Address: _____
<u>Port Charlotte, FL 33948</u>	_____
_____	_____

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TALLAHASSEE, FL 32304

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Diana Ussery-Moore  
Address: 6496 Elmwood Road  
North Port, FL 34287

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Diana Ussery-Moore  
Address: 6496 Elmwood Road  
North Port, FL 34287

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

Diana Ussery-Moore March 01, 2012  
Required Signature/Registered Agent 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.

Diana Ussery-Moore March 01, 2012  
Required Signature/Incorporator Date