

P15000072454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

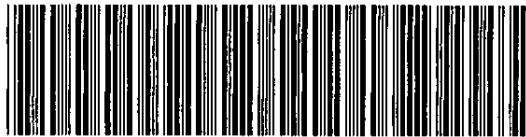
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600276434636

08/26/15--01014--025 **75.00

FILED
15 AUG 26 PM 12:00
SECRETARY OF STATE
ATLANTA, GA 30334

SEP 02 2015
W PAINTER

COVER LETTER

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

SUBJECT: B B Q CREOL 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
ADDITIONAL COPY REQUIRED	

FROM: MARIE MICHELE, JOSEPH
Name (Printed or typed)

1350 NE 157TH STREET
Address

NORTH MIAMI FL 33161
City, State & Zip

(786) 274-0188
Daytime Telephone number

mariemichelejoseph@yahoo.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

The name of the corporation shall be: B B Q CREOL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
686 NW 112TH STREET
MIAMI, FL 33168

Mailing address, if different is:
1350 NE 157TH STREET
NORTH MIAMI, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING B B Q (FOOD SERVICES)

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MARIE MICHELE, JOSEPH P/ OWNER</u>	Name and Title:	_____
Address	<u>1350 NE 157TH STREET</u>	Address:	_____
	<u>NORTH MIAMI, FL 33161</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

11. ELL
15 AUG 26 PM 12:00
SECRETARY OF STATE
MIAMI BEACH, FL 33139

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: MARIE MICHELE, JOSEPH
 Address: 1350 NE 157TH STREET
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATOR

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

Name: B B Q CREOL INC.
 Address: 686 NW 112TH STREET
MIAMI, FL 33168

FILED
 15 AUG 26 PM 12:00
 SECRETARY OF STATE
 401 GALLSFIELD DRIVE
 TALLAHASSEE, FL 32399

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/20/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Marie Michele Joseph 08/20/2015
 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.

Marie Michele Joseph 08/20/2015
 Required Signature/Incorporator Date