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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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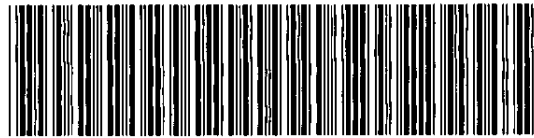
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*M TM*

**COVER LETTER**

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

**SUBJECT:** BITE OF EUROPE, 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:** KAROLINA KARWOWSKA  
\_\_\_\_\_  
Name (Printed or typed)  
  
4950 N HARLEM AVE  
\_\_\_\_\_  
Address  
  
HARWOOD HEIGHTS, IL 60706  
\_\_\_\_\_  
City, State & Zip  
  
773-237-7400  
\_\_\_\_\_  
Daytime Telephone number  
  
M\_ARENDARCZYK@YAHOO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: BITE OF EUROPE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12906 OTTER CREEK BRIDGE RD  
EBRO, FL 32437

Mailing address, if different is:  
4158 N MONITOR AVE  
CHICAGO, IL 60634

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LIMITED SERVICE RESTAURANT OPENING

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: MARK ARENDARCZYK, PRESIDENT  
Address: 4158 N MONITOR AVE  
CHICAGO, IL 60634

Name and Title: VIOLETT ARENDARCZYK, SECRETARY  
Address: 4158 N MONITOR AVE  
CHICAGO, IL 60634

Name and Title: VIOLETT ARENDARCZYK, TREASURER  
Address: 4158 N MONITOR AVE  
CHICAGO, IL 60634

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: MARK ARENDARCZYK  
 Address: 12906 OTTER CREEK BRIDGE RD  
EBRO, FL 32437

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**ARTICLE VII INCORPORATOR**

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

Name: MARK ARENDARCZYK  
 Address: 4158 N MONITOR AVE  
CHICAGO, IL 60634

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/12/2016. (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*

Mark Arendarczyk 04/12/2016  
 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.*

Mark Arendarczyk 04/12/2016  
 Required Signature/Incorporator Date