

P16 000284694010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

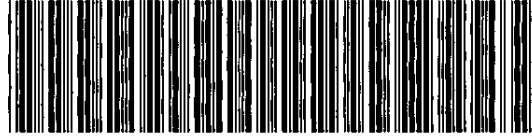
(Business Entity Name)

(Document Number)

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

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04/25/16--01040--005 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 AM 9:09

*MJW*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2016

TRENT D MOORE  
4348 SUNSET BEACH CIRCLE  
NICEVILLE, FL 32578

SUBJECT: LINDSTAN, INC. DBA- CHARLIE GRAINGERS  
Ref. Number: W16000031875

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We have received your document for LINDSTAN, INC. DBA- CHARLIE GRAINGERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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 (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00008968

RECEIVED  
16 MAY -9 PM 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** LindsTan, Inc. DBA - Charlie Graingers  
(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:** Trent D Moore  
Name (Printed or typed)  
  
4348 Sunset Beach Circle  
Address  
  
Niceville, FL 32578  
City, State & Zip  
  
404/931-9396  
Daytime Telephone number  
  
trentmoore62@gmail.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: LindsTan, Inc.

*JM 5-6-16*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4348 Sunset Beach Circle

Niceville, FL 32578

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to own and operate a small sandwich shop/shops

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**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Trent Moore

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

Address 4348 Sunset Beach Circle

Address: \_\_\_\_\_

Niceville, FL 32578

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Trent Moore  
 Address: 4348 Sunset Beach Circle  
Niceville, FL 32578

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**ARTICLE VII INCORPORATOR**

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

Name: Trent Moore  
 Address: 4348 Sunset Beach Circle  
Niceville, FL 32578

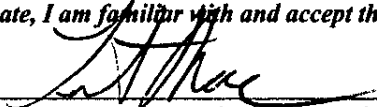
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*



Required Signature/Registered Agent

3/26/16

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.**



Required Signature/Incorporator

3/26/16

Date