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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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<del></del>	(Business Entity Name)	
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Certified Copies	_ Certificates of S	Status
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Special Instructions to	rung Oncer.	
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Office Use Only



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## **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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		PICK UP:	1/26	DANNY	<del></del>		
	CERTIFIED CO	PY					<del></del>
XX	РНОТОСОРУ						
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1.	O'BRIENS SALLY (CORPORATE NAME ANI						
2.	(CORPORATE NAME ANI	DOCUMENT #)					
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6.	(CORPORATE NAME AND	DOCUMENT #)	<u></u>		<del>-</del>		
SPECIA INSTRU	L JCTIONS:						
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora		:	
ARTICLE II PRINC	CIPAL OFFICE Principal street address		Mailing address, if different is:
415 JULIA STREET			
KEY WEST, FLORI	DA 33040	<del> </del>	
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	RESTAURANT	
			2022
			JAN 26
ARTICLE IV SHARI The number of shares of			SEEFE. FL
	L OFFICERS AND/OR DIRECTO		
	<ul> <li>JOSEPH DONAGHER, DIRECT</li> <li>415 JULIA STREET</li> </ul>		SCOTT STEVEN JOHN, DIRECTOR
Address	KEY WEST, FLORIDA 33040	Address:	308 EMMA STREET  KEY WEST, FLORIDA 33040
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			
. radicus		Address.	
		<del></del> ,	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptal JOSEPH DONAGHER	ble) of the registered agent is:
Name:		<del></del>
Address:	415 JULIA STREFT	<u></u>
	KEY WEST, FLORIDA 33040	
_		
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	STEPHAN MONEREAU	
Address:	100 WALL STREET STE 503	
	NEW YORK, NEW YORK 10005	
		<del></del>
ARTICLE VIII	EFFECTIVE DATE:	
(If an effective date, 11 of	other than the date of filing:  ate is listed, the date must be specific and o	(OPTIONAL) cannot be more than five days prior or 90 days after the
filing.)	• • • • • • • • • • • • • • • • • • • •	and the state of t
Note: If the date	inserted in this block does not meet the appli	cable statutory filing requirements, this date will not be lis
inc document s er	fective date on the Department of State's rec	ords.
Having been name	ed as registered agent to accept service of proc	cess for the above stated corporation at the place designated
certificate, I am fa	miliar with and accept the appointment as rej	gistered agent and agree to act in this capacity
10	Required Signature/Registered Agent	:/27/20d
-3		
l submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the false information submitte
l submit this docu	ment and affirm that the facts stated herein epartment of State constitutes a third degree j	s are true. I am aware that the false information submitte felony as provided for in s.817.155, F.S.

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