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(Requestor's Name)

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☐ PICK-UP

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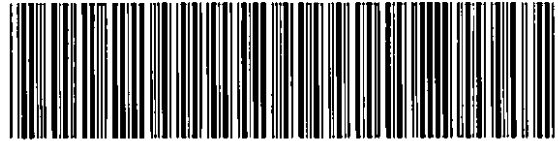
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SHAKER & PIE OF BOCA RATON, INC.

Signature _____

Requested by: SETH

06/13/22

Name

Date

Time

Walk-In _____

Will Pick Up _____

174 Ponder's Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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____ UCC 1 or 3 File _____
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____ Courier _____

COVER LETTER

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

SUBJECT: SHAKER & PIE OF BOCA RATON, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ANDREA MURPHY SNOWDEN

Name (Printed or typed)

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City, State & Zip

561-515-4722

Daytime Telephone number

AMURPHY@KRASKERLAW.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: SHAKER & PIE OF BOCA RATON, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

435 PLAZA REAL

BOCA RATON, FL 33432

520 CLEMATIS STREET

WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

OWN AND OPERATE A FULL-SERVICE RESTAURANT AND BAR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODNEY MAYO - PRESIDENT

Name and Title: VAUGHAN DUGAN - VP

Address: 520 CLEMATIS STREET
WEST PALM BEACH, FL 33401

Address: 136 NW 16TH STREET
BOCA RATON, FL 33432

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

STATEMENT OF FILING
TALLAHASSEE, FL

2022 JUN 14 AM 8:24

FILED

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: THE LAW OFFICE OF PAUL A. KRASKER, P.A.
Address: 1615 FORUM PLACE, 5TH FLOOR
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODNEY MAYO
Address: 520 CLEMATIS STREET
WEST PALM BEACH, FL 33401

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TALLAHASSEE, FL

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 days prior or 90 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:

R

Required Signature/Registered Agent

6/13/22

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.

[Signature]

Required Signature/Incorporator

6/10/2022

Date