

TRANSMITTAL LETTER

P00000006772

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

FILED
00 JAN 13 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Michael's Taste of Chicago Inc.
(Proposed corporate name - must include suffix)

800003097958--9
-01/13/00--01078--010
*****78.75 *****78.75

Enclosed is 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: BARBARA J. SWIDER
Name (Printed or typed)

3280 TAMiami TR
Unit 55A # 232
Address

Port Charlotte FL 33952
City, State & Zip

941-505-9483
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Michael's Taste of Chicago Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3280 TAMiami TR.
Unit 55A #232

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BARBARA SWiADER
3280 TAMiami TR.
Unit 55A #232

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Barbara SwiADER
3280 TAMiami TR.
Unit 55A #232
PORT Charlotte, FL 33952



Signature/Incorporator

1-7-2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

1-7-2000

Date