

TRANSMITTAL LETTER  
**P0200002537**

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

200004756802--5  
-01/07/02--01095--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Granny's Cottage, 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: Amalia TORRES  
Name (Printed or typed)

5100 SE 7 Place  
Address

Ocala, FL 34471  
City, State & Zip

(352) 624-0641  
Daytime Telephone number

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 JAN -7 AM 9:41

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

1-9-02  
WC

# 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:

Granny's Cottage, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10093 SE Hwy 441 - Belleview, FL

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

## ARTICLE IV SHARES

The number of shares of stock is:

100 which will be shared equally 50% Amalia Torres 50% Felipe Torres.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President - Amalia Torres

Vice President - Felipe TORRES.

Treasurer: Felipe  
Torres.  
Secretary: Amalia  
Torres.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Amalia TORRES.  
5100 SE 7 Place  
Ocala, FL 34471

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amalia TORRES.  
5100 SE 7 Place  
Ocala, FL 34471.

\*\*\*\*\*  
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

Amalia Torres

Signature/Registered Agent

01/02/02  
Date

Amalia Torres

Signature/Incorporator

01/02/02  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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