

PD2000126104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

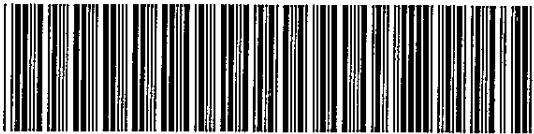
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/1/02

TRANSMITTAL LETTER

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

SUBJECT: _____

Merchel 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: _____

John Merchel

Name (Printed or typed)

10386 Fairway Rd

Address

Pembroke Pines, FL 33026

City, State & Zip

954-431-7494

Daytime Telephone number

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:

Merchel, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10386 Fairway Rd
Pembroke Pines, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

John Merchel, 10386 Fairway Rd Pembroke Pines, FL 33026
President

Dana Merchel, 10386 Fairway Rd Pembroke Pines, FL 33026
Vice President

ARTICLE VI REGISTERED AGENT

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

John Merchel
10386 Fairway Rd
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

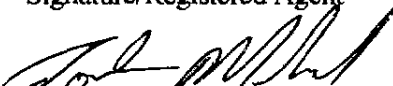
The name and address of the Incorporator is:

John Merchel
10386 Fairway Rd
Pembroke Pines, FL 33026

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


Signature/Registered Agent

11-16-02
Date


Signature/Incorporator

11-16-02
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA