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(Ře	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY CF STATE
TALLAHASSIE, FIRBLE

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## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles 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
	<u> </u>	ADDITIONAL CO	
FROM:	Suzarve Per	Printed or typed)	ober_
	5009 West 1	Jepture W	ay_
	Tampa Fly	vida 33	009
	(813) 505-0	035	

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:

The Bobier Company

## **ARTICLE II - PRINCIPAL OFFICE**

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

5009 West Neptune Way, Tampa, FL 33609

# ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Doing Business as a "Subway" franchise

#### **ARTICLE IV - SHARES**

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

100 (one-hundred)

## ARTICLE V - INITIAL OFFICERS / DIRECTORS

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

Mrs. Suzanne Peacock Bobier, President 5009 West Neptune Way Tampa, FL 33609 FILED

# ARTICLE VI- REGISTERED AGENT

The name and address of the registered agent is:

Suzanne Peacock Bobier 5009 West Neptune Way Tampa, FL 33609

## **ARTICLE VII - INCORPORATOR**

The name and address of the incorporator is:

Suzanne Peacock Bobier 5009 West Neptune Way Tampa, FL 33609 SECRETARY OF STATE

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

Signature / Incorporator

4403 Date

Date Date