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SECTION STATE
TALLATIASSEE FLORIDA

APR 1 4 2003

TRANSMITTAL LETTER

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

SUBJECT: Judy's New York De	II, INC		
(Proposed corporate name - must include suffix)			
Enclosed is an original and one(1) copy of the articles of incorporate \$70.00 \$78.75 \$122.50 Filing Fee & Certificate & Certific ADDITIO	□ \$131.25 Filing Fee,		

FROM: James Cimps on Name (Printed or typed)

77/ SEW South Macedo Blyd, Address

Port St. Lucy Pland 349 83

City, State & Zip

772 873-1818

Daytime Telephone number

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

ARTICLES OF INCORPORATION OF JUDY'S NEW YORK DELI, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. $\vec{\triangleright}_{\omega}$

ARTICLE I. NAME

The name of this corporation shall be: JUDY'S NEW YORK DELL, INC.

ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS

The street address of the initial registered office of this corporation is 5506 NW North Crisona Circle, Port Sy. Lucie, Florida, 34986

The mailing address of this corporation is 5506 NW North Crisona Circle, Port St. Lucie, Florida, 34986

ARTICLE III. CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

ARTICLE IV. INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

Judy Gross 5506 NW North Crisona Circle Port St. Lucie, Florida. 34986

ARTICLE V. INCORPORATOR

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

Judy Gross 5506 NW North Crisona Circle Port St. Lucie, Florida 34986

Signature Incorporator Opil 5, 2003

Date

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.

STATE OF FLORIDA

COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this day of the control of th

Print Name: Aflantic Bonding Co., Inc.

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SECALIASSEE, FLORIDA