

P03000114768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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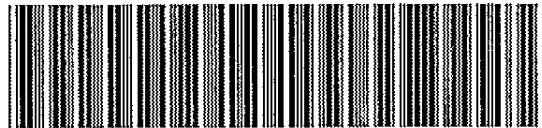
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/03--01048--004 **87.50

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03 OCT 10 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Joseph Anthony's 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: Joseph A Meyers III
Name (Printed or typed)

821 Oak Pond Dr
Address

Osprey Fl, 34229
City, State & Zip

941-484-6171
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:

Joseph Anthony's Italian Restaurant, Inc.

ARTICLE II **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

530 US 41 Bypass South
Venice Fl 34285

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Italian Restaurant

ARTICLE IV **SHARES**

The number of shares of stock is:

100

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Joseph A Meyers III President
Tara Meyers Secretary

ARTICLE VI **REGISTERED AGENT**

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


Joseph A Meyers III
821 Oak Pond Dr
Osprey Fl, 34229

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Joseph A Meyers III
821 Oak Pond Dr
Osprey Fl, 34229

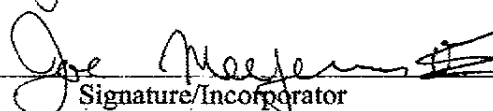
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-7-03

Date



Signature/Incorporator

10-7-03

Date

FILED

03 OCT 10 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA