

PC3000/5/305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

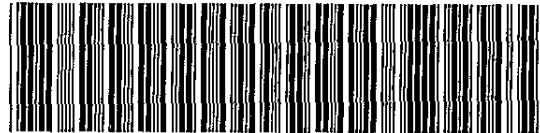
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 12 AM 8:59

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Sisters Ealery Inc

Signature _____

Requested by: AW 12/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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 Sisters Eatery, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **4521 Bayshore Road
North Ft. Myers, FL 33903**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Restaurant operation and any other business so allowed by law.**

ARTICLE IV SHARES

The number of shares of stock is: **One Thousand (1,000) shares.**

ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

**Marian Durant-President/Director
4521 Bayshore Road
North Ft. Myers, FL 33903**

**James Hart- Sec-Treasurer/Director
4521 Bayshore Road
North Ft. Myers, FL 33903**

**Vivian Hart V.P./Director
4521 Bayshore Road
North Ft. Myers, FL 33903**

ARTICLE VI REGISTERED AGENT

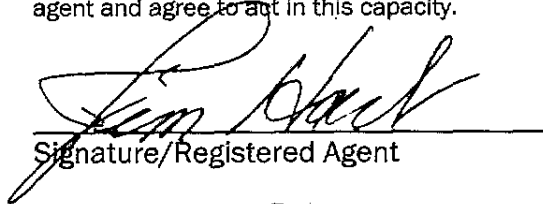
The name and Florida street address of the registered agent is: **James Hart
4521 Bayshore Road
North Ft. Myers, FL 33903**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **Marian Durant
4521 Bayshore Road
North Ft. Myers, FL 33903**

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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

12-10-03
Date


Signature/Incorporator

12-10-03
Date

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