

P04000073907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

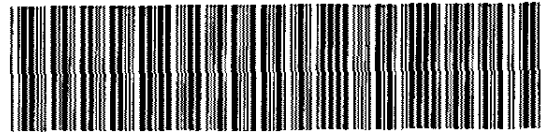
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400033561734

05/03/04--01063--017 **70.00

FILED

2004 MAY -5 A 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAY -3 PM 12:33

2004 MAY -3 PM 12:33
STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

[Handwritten signature]

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- CAST, INC.

2-

3-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 4, 2004

ATTORNEYS' TITLE

SUBJECT: CAST, INC.
Ref. Number: W04000017109

We have received your document for CAST, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000035224.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 404A00030377

STATE
REGISTRATION
DIVISION
TALLAHASSEE, FLORIDA

04 MAY -5 PM 12:41

RECEIVED

**ARTICLES OF INCORPORATION
OF**

CAST OF SARASOTA, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person, competent to contract, hereby forms a corporation under the Laws of the State of Florida.

FILED
2004 MAY -5 A 9 15
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I

The name of this corporation shall be **CAST OF SARASOTA, INC.**

ARTICLE II

The general nature of the business to be transacted by this corporation is the operation of a restaurant and the corporation may do all other acts and things incidental thereto or included in all or any of the general powers given private corporations for profit under the laws of the State of Florida.

The corporation may manufacture, purchase or otherwise acquire, and to own, mortgage, pledge, sell, assign, transfer or otherwise dispose of, and to invest in, trade in, deal in and with, goods, wares, merchandise, real and personal property, and services of every class, kind and description.

The corporation may engage in any and all other business purposes not prohibited by the laws of the State of Florida.

ARTICLE III

The maximum numbers of shares of stock that this corporation is authorized to have outstanding at any one time shall be 500 shares of common stock having a par value of \$1.00 each.

ARTICLE IV

The amount of capital with which this corporation will begin business is not less than \$500.00.

ARTICLE V

This corporation is to exist perpetually.

ARTICLE VI

The address of the initial registered office and the principal address of this corporation is 6866 Shimmering Dr., Lakeland, FL 33813 and the name of the initial registered agent is Christine A. Tucker, whose address is the same. The Board of Directors may from time to time move the registered office to any other address in Florida.

ARTICLE VII

This corporation shall have two (2) directors, initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VIII

The names and addresses of the members of the first Board of Directors are:

Stephen P. Tucker, 6866 Shimmering Dr. , Lakeland, FL 33813 and

Christine A. Tucker, 6866 Shimmering Dr. , Lakeland, FL 33813.

ARTICLE IX

The name and street address of the subscriber of these Articles of Incorporation is:

Christine A. Tucker, 6866 Shimmering Dr., Lakeland, FL 33813.

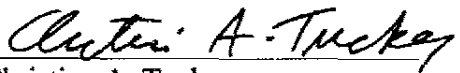
ARTICLE X

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE XI

Pursuant to the provisions of Chapter 607.0203, Florida Statutes this Corporation shall begin existence upon filing of the Articles herein.

IN WITNESS WHEREOF the undersigned has set forth his hand and seal on April 29, 2004.


Christine A. Tucker
Subscriber

I, Christine A. Tucker hereby accept designation as Resident Agent,


RESIDENT AGENT

STATE OF FLORIDA
COUNTY OF MANATEE

THIS INSTRUMENT WAS acknowledged before me on April 29, 2004 by Christine A. Tucker who is personally known to me or who has produced a Florida Driver's License as identification.


Notary Public

Printed name: _____

My Commission Expires: _____



John F. Pope
MY COMMISSION # CC992735 EXPIRES
February 17, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

FILED

RECORDED
MAY - 5 A 9 15
STATE OF FLORIDA