

P04000095431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

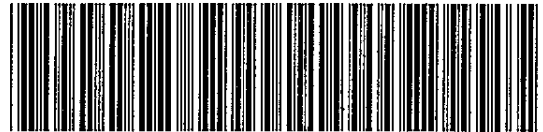
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/21/04--01084--005 **87.50

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SECRETARY OF STATE
JUL 21 PM 4:23

06/21/04

TRANSMITTAL LETTER

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

SUBJECT: BITES, 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: Charles B. Robertson

Name (Printed or typed)

1700 E. Irlo Bronson Highway

Address

St. Cloud, FL 34769

City, State & Zip

(407) 709-0292

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 21 PM 4:24

ARTICLE I NAME

The name of the corporation shall be:

BITES, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Street Address: 1710 E. Irlo Bronson Highway
St. Cloud, FL 34769

Mailing Address: 1700 E. Irlo Bronson Highway
St. Cloud, FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Judith A. Robertson, President / Director
P.O. Box 700031, St. Cloud, FL 34770-0031

Charles B. Robertson, Secretary / Director
P. O. Box 700031, St. Cloud, FL 34770-0031

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

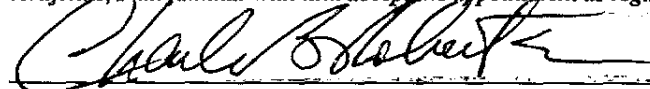
Charles B. Robertson
5190 Harkley Runyan Road
St. Cloud, FL 34771

ARTICLE VII INCORPORATOR

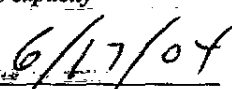
The name and address of the Incorporator is:

Charles B. Robertson
P.O. Box 700031
St. Cloud, FL 324770-0031

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

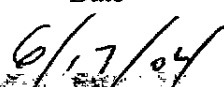


Signature/Registered Agent


Date 6/17/04



Signature/Incorporator


Date 6/17/04