

P04000140349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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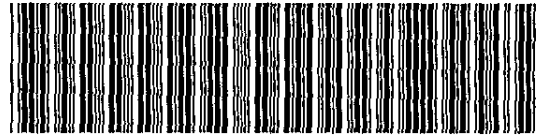
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Big Joe's pizzeria & catering
(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: Big Joe's pizzeria & catering
Name (Printed or typed)

710 Flamingo Dr.
Address

W.P.B., FL 33401
City, State & Zip

561.278.2784
Daytime Telephone number

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 11 1993

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:

~~Big Joe's Pizzeria & Catering~~
Doctor Subs pizzeria & catering Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

710 Flamingo Dr.
W PB, FI 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sub & pizzeria

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 Ricca - 1416 NW 58th Ave
Margate FI 33063

ARTICLE VI REGISTERED AGENT

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

Joseph Ricca - 1416 NW 58th Ave
Margate, FI 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Ricca - 1416 NW 58th Ave
Margate FI 33063

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

Joseph Ricca
Signature/Registered Agent

09-20-04

Date

Joseph Ricca
Signature/Incorporator

09-20-04

Date

MAILED 11 PM 12:53
STATE
CLERK
TALLAHASSEE, FLORIDA