

P04000140439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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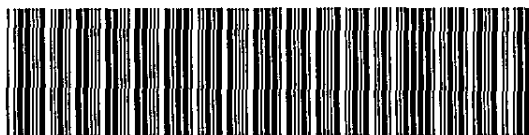
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MID TOWN SEAFOOD AND GRILLE 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: MID TOWN SEAFOOD AND GRILLE INC

Name (Printed or typed)

2400 ML KING ST S UNIT B

Address

ST PETERSBURG FL 33705

City, State & Zip

727-323-8109

Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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:

MID TOWN SEAFOOD AND GRILLE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2400 ML KING ST S UNIT B
ST PETERSBRUG FL 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AARON WILLIAMS, PRESIDENT
2533 34TH ST S ST PETERSBURG FL 33711

ARTICLE VI REGISTERED AGENT

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

GARY PONDER
1829 9TH AVE S ST PETERSBURG FL 33712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AARON WILLIAMS/ 2533 34TH ST S ST PETERSBURG FL 33711

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



Signature/Incorporator



Date



Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA