

POS 000005431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

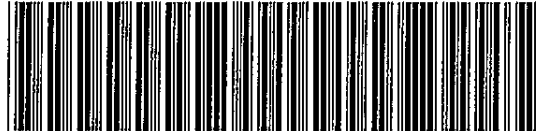
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1/11/05
SCL

TRANSMITTAL LETTER

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

SUBJECT: ENDIVE, 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: Samuel Cabe Coskey, Jr

Name (Printed or typed)

112 E. 1st Ave. #3

Address

Tallahassee, FL 32303

City, State & Zip

(850) 339-7208

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)

ARTICLE I NAME

The name of the corporation shall be:

ENDIVE, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

112 E. 1st Ave. #3
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The formation, ownership, operation, and management of Endive Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Samuel Cabe Coskey, Jr., Director
112 E. 1st Ave. #3
Tallahassee, FL 32303

ARTICLE VI REGISTERED AGENT

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

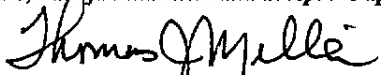
Thomas J. Miller
449 Collinsford Rd.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

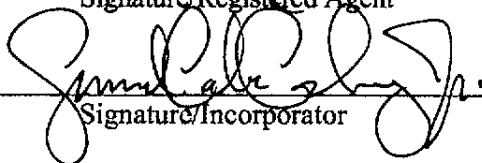
The name and address of the Incorporator is:

Samuel Cabe Coskey, Jr.
112 E. 1st Ave. #3
Tallahassee, FL 32303

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

1/11/05
Date

1/11/05
Date

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05 JAN 11 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA