185800061096

(Re	equestor's Name)			
(Ac	ldress)	<u></u>		
(Ac	ldress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Cettified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100051112151

04/21/05--01036--006 **78.75

735 APR 21 P 3:23

W. J.

TRANSMITTAL LETTER

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

SUBJECT:	Treasures Cafe C	atevin a Inc.	UDE SUFFIX)	
	·			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	♥ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Elizabeth D. Theodovic Name (Printed or typed)				
-	5448 4th AUE.	Address		

NOTE: Please provide the original and one copy of the articles.

(239) 878 - 7366

Daytime Telephone number

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: Trasvers Café & Catering Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5448 4+5 AUE. Fort. Myers: Fl. 33907 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Food Service ARTICLE IV SHARES The number of shares of stock is: 1 share ARTICLE V INITIAL OFFICERS AND/OR DIREC List name(s), address(es) and specific title(s): Elizabeth D.Theodoris- C.E.O. 5448 4+h AUE. Fort Myers, Fl. 33907 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Elizabeth D. Theodoeis 5448 4+4 AUE. Fact Myers, Fr. 33907 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 3448 44-4 AU 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

Date

Signature/Registered Agent

Signature/Incorporator