

6-13-05
WPA

TRANSMITTAL LETTER

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

SUBJECT: West Indian American Cuisine 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:

Rose Marie Chambers

Name (Printed or typed)

2395 Tamiami Trail Unit 14

Address

Port Charlotte FL 33952

City, State & Zip

941 743-3362

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:

West Indian American Cuisine Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2395 Tamiami Trail unit 14
Port Charlotte FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 350

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rosemarie Chambers - President
Amanda Chambers - Vice President

ARTICLE VI REGISTERED AGENT

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

Rosemarie Chambers
2395 Tamiami Trail unit 14
Port Charlotte FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosemarie Chambers
4192 Conway Blvd
Port Charlotte FL 33952

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

06-10-2005
Date


Signature/Incorporator

06-10-2005
Date