

P05000088143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

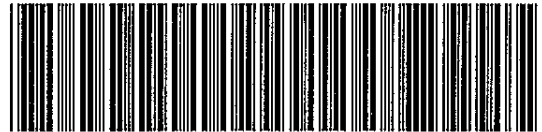
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FILED
05 JUN 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MANGROVES "TRUE FLAVOR OF FLORIDA" 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: MARK P. GOMES
Name (Printed or typed)

6615 N. ATLANTIC AVE.
Address

CAPE CANAVERAL, FL. 32920
City, State & Zip

(603) 471-1084
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:

MANGROVES "TRUE FLAVOR OF FLORIDA", INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6615 N. ATLANTIC AVE.
CAPE CANAVERAL, FL. 32920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

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):

MARK P. GOMES - PRESIDENT (51%)
GINA M. GOMES - SEC. / TREAS. (49%)
6615 N. ATLANTIC AVE.
CAPE CANAVERAL, FL. 32920

ARTICLE VI REGISTERED AGENT

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

MARK P. GOMES
6615 N. ATLANTIC AVE.
CAPE CANAVERAL, FL. 32920

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK P. GOMES
6615 N. ATLANTIC AVE.
CAPE CANAVERAL, FL. 32920

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

Mark P. Gomes

Signature/Registered Agent

Mark P. Gomes

Signature/Incorporator

6/13/05

Date

6/13/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 20 AM 10:40

FILED