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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT: (PROPOSED CORPORA E NAME – MUST

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 E. \$78.75 **3** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED a FROM: 1520 Riverview ROA <u>3</u>3 ivana_ 850 - 933 - 6132 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:

L. M. Cassidy company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

MMM-9 Capital Circle tallahassee Florida 32305

ARTICLE III __ PURPOSE

The purpose for which the corporation is organized is:

Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa Cassidy P 1520 Riverview Rd P Havana Florida 32333 (Owner)

ARTICLE VI **REGISTERED AGENT**

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

Cassidy Lisa 1520 R Nerview Rd Aavana Morida 32333 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Cassidy Rd 520 RNer View Rd Havana Florida 32333

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

7-8-05 Date -8-05

FILED

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TALLAHASSEE, FLORIDA