

P05000116464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

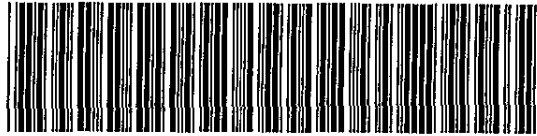
(Document Number)

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05 AUG 22 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/22/05
BWR
WDS-37633

TRANSMITTAL LETTER

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

SUBJECT: Mama Maria's 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: Angelo Memisakis
Name (Printed or typed)
204 N. Florida Ave.
Address
Tarpon Springs, FL 34689
City, State & Zip
727.942.1290
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 10, 2005

ANGELO MEMISAKIS
204 N. FLORIDA AVE.
TARPON SPRINGS, FL 34689

SUBJECT: MAMA MARIA'S INC.
Ref. Number: W05000037633

We have received your document for MAMA MARIA'S INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 705A00051219

RECEIVED
05 AUG 22 AM 9:00
CLERK OF THE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Mama Maria's Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

204 N. Florida Ave.
Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

restaurant name

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):

Angelo Memisakis 204 N. Florida Ave., Tarpon Springs, FL 34689
President Director

ARTICLE VI REGISTERED AGENT

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

Angelo Memisakis
204 N. Florida Ave.
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angelo Memisakis
204 N. Florida Ave.
Tarpon Springs, FL 34689

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

Angelo Memisakis
Signature/Registered Agent

8-2-05
Date

Angelo Memisakis
Signature/Incorporator

8-2-05
Date

FILED

05 AUG 22 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA