

PS880141433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

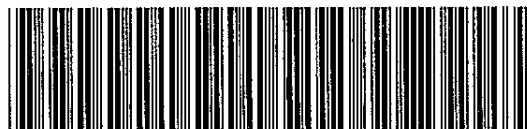
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2005 OCT 17 A 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10-19-E

COVER LETTER

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

SUBJECT: Deco the art of dining, 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: SANDRA KREBS
Name (Printed or typed)

800 FAVER DYKES RD.
Address

ST. AUGUSTINE, FLORIDA 32086
City, State & Zip

(904) 794-1985 / (904) 501-5434
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:

Deco the art of dining

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

800 FAVER DYKES ROAD ST. AUGUSTINE, FLORI
32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION/RETAIL RESTAURA

ARTICLE IV SHARES

The number of shares of stock is:

NUMBER	CLASS	PAR VALUE PER SHARE
100	COMMON	NO PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SANDRA KREBS- PRESIDENT
800 FAVER DYKES ROAD
ST. AUGUSTINE, FLORIDA 32086

ARTICLE VI REGISTERED AGENT

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

LISA M. LEON
4475 US. 1. SOUTH #201
ST. AUGUSTINE, FLORIDA 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SANDRA KREBS
800 FAVER DYKES RD.
ST. AUGUSTINE, FLORIDA 32086

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

LM Leon Lisa Marcel Leon

Signature/Registered Agent

10-14-05

Date

Sandra A. Krebs

Signature/Incorporator

OCTOBER 12, 200

Date