

PO6000006969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

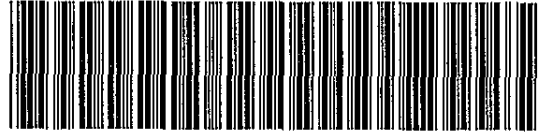
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06 JAN 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: New York Bagels 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: ZUKOWSKI MARIA
Name (Printed or typed)

4366 Shorewood St
Address

North Port FL 34286
City, State & Zip

941 429-0398 Home 516 205-5027 cell
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)

FILED

06 JAN 13 AM 8:04

ARTICLE I NAME

The name of the corporation shall be: *New York Bagels Inc.*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *124 Indian Ave
Venice FL*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *to manufacture and
retail bagels and coffee, etc.*

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):

*ZUKOWSKI MARIA OWNER
4366 Shorewood St
North Port FL 34286*



Ms. Maria Zukowski
4366 Shorewood St.
North Port, FL 34286

ARTICLE VI REGISTERED AGENT

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

*ZUKOWSKI MARIA
4366 Shorewood St
North Port FL 34286*



Ms. Maria Zukowski
4366 Shorewood St.
North Port, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ZUKOWSKI MARIA
4366 Shorewood St
North Port FL 34286*



Ms. Maria Zukowski
4366 Shorewood St.
North Port, FL 34286

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

Zukowski

Signature/Registered Agent

1-10-06

Date

Zukowski

Signature/Incorporator
ZUKOWSKI

1-10-06

Date



Ms. Maria Zukowski
4366 Shorewood St.