

P06000011564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

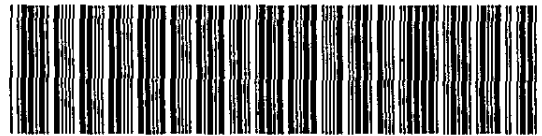
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STATE OF FLORIDA

## COVER LETTER

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

**SUBJECT:** COLLEEN'S ISLAND SPOT, 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:** COLLEEN'S ISLAND SPOT, INC.

Name (Printed or typed)

801 S.W. 49 TERRACE

Address

MARGATE, FLORIDA 33068

City, State & Zip

954-822-8267

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:

COLLEEN'S ISLAND SPOT, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

801 SW 49 TERRACE  
MARGATE, FLORIDA 33068

**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):

COLLEEN FLYNN  
801 SW 49 TERRACE  
MARGATE, FLORIDA 33068

**ARTICLE VI REGISTERED AGENT**

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

COLLEEN FLYNN  
801 SW 49 TERRACE  
MARGATE, FLORIDA 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

COLLEEN FLYNN  
801 S.W. 49 TERRACE  
MARGATE, FLORIDA 33068

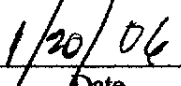
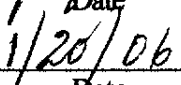
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

FILED  
06 JAN 23 PM 2:15  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date