

P06000017957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

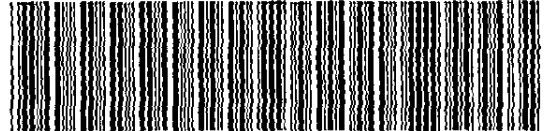
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/08/06--01012--002 **70.00

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06 FEB -8 AM 9:47

06 FEB -8 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CIVIL DIVISION

COVER LETTER

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

SUBJECT: eHungry, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Scott Arkin

Name (Printed or typed)

1230 N. Adams St.

Address

Tallahassee, FL 32303

City, State & Zip

850-222-9863

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:

eHungry, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1230 N. Adams St. Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Web services and solutions

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott Arkin, President, 1230 N. Adams St. Tallahassee, FL 32303

John Thomas Burnette, 1230 N. Adams St. Tallahassee, FL 32303

ARTICLE VI REGISTERED AGENT

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

Scott Arkin 1230 N. Adams St. Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

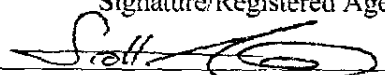
The name and address of the Incorporator is:

Scott Arkin 1230 N. Adams St. Tallahassee, FL 32303

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

2/7/06

Date

2/7/06

Date