

PO6000148984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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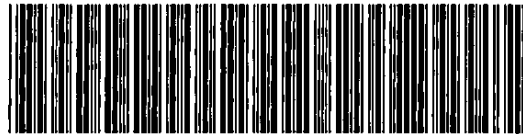
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08.12-1

COVER LETTER

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

SUBJECT: FFO Franchising Group, 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: Thomas Marino
Name (Printed or typed)

725 N. Ocean shore Blvd
Address

Flagler Beach, Florida 32136
City, State & Zip

386-517-6902
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:

FFO Franchising Group, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

725 N Oceanshore Blvd
Flagler Beach, FL 32136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

retail franchising

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas Marino - PD
725 N Oceanshore Blvd
Flagler Beach, FL 32136

ARTICLE VI REGISTERED AGENT

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

Thomas Marino
725 N Oceanshore Blvd
Flagler Beach FL 32136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Marino
725 N Oceanshore Blvd
Flagler Beach FL 32136

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/28/06

Date

11/28/06

Date