

P07000072739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

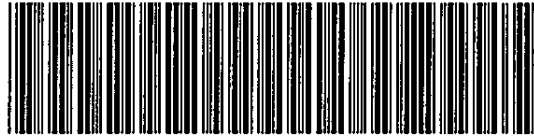
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700103819637

06/11/07--01020--017 **78.75

FILED
07 JUN 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: O'BRIENS RESTAURANT 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: NEBE C AKOSA
Name (Printed or typed)

8115 E MARTAVISH WAY
Address

JACKSONVILLE FL 32244
City, State & Zip

904 573 9046
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2007

NEBE C AKOSA
8115 E MAZTAVISHWAY
JACKSONVILLE, FL 32244

SUBJECT: O'BRIENS RESTAURANT INC
Ref. Number: W07000027868

We have received your document for O'BRIENS RESTAURANT INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 507A00039547

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:

O'BRIENS RESTAURANT INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5534 HIGHWAY AVENUE
JACKSONVILLE FLORIDA 32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is:

~~ONE~~ ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NEBE C AKOSA (OWNER)
8115 E MACTAVISH WAY
JACKSONVILLE FL 32244

ARTICLE VI REGISTERED AGENT

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

NEBE C AKOSA
8115 E MACTAVISH WAY
JAX FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NEBE C AKOSA
8115 E MACTAVISH WAY
JACKSONVILLE FL 32244

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

Date

Date

FILED
07 JUN 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA