

POP000056203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

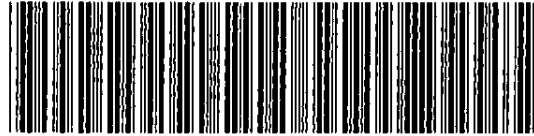
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2008 JUN -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SHAW
2008 JUN 09 2008
55352-10m
25222-80m
2008-2008

COVER LETTER

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

SUBJECT: CAPITAL CORP

(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: JAMES G ABOUD

Name (Printed or typed)

16110 RIDGEWOOD AVE

Address

MONTVERDE FL 34756

City, State & Zip

407-469-2424

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

SOVEREIGN ACQUISITION CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

PO BOX 560481
17434 8TH ST
MONTEVERDE FL 34756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELL LIQUOR LICENSES

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):

JAMES ABBODD, 16110 RIDGEWOOD AVE, MONTVERDE FL. 34756 - PRESIDENT
SAM WATY, 10520 JARDIME DEL LARGO, CLERMONT FL. 34711 - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JAMES ABBODD
16110 RIDGEWOOD AVE
MONTVERDE FL 34756

ARTICLE VII INCORPORATOR

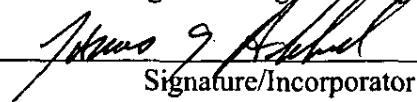
The name and address of the Incorporator is:

JAMES ABBODD
16110 RIDGEWOOD AVE
MONTVERDE FL 34756

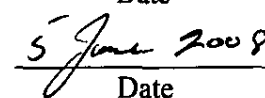
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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