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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

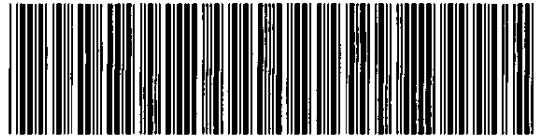
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09 FEB 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 2/25/09

Robert C. Nettleton

Attorney at Law

(863) 422-6484

Fax (863) 421-9618

30 North Sixth Street

Post Office Box 277

Haines City, Florida 33845-0277

February 18, 2009

Department of State

State of Florida

P. O. Box 6327

Tallahassee, Florida 32314

Old Town Cafe, Inc.

Dear Sir:

Enclosed, please find the following instruments in the above regard. Original and <sup>two</sup> ~~one~~ copy of Articles of Incorporation.

Also enclosed is my check in the amount of \$78.75 representing the following:

Filing Fee.....\$ 70.00

Certified Copy of Articles.....\$ 8.75

Resident Agent Certificate

TOTAL: \$ 78.75

Please return the certified copy of Articles to this office.

Very truly yours,



Robert C. Nettleton

RCN/jn

Enclosures

## COVER LETTER

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

**SUBJECT:** OLD TOWN CAFE, 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:** ROBERT C. NETTLETON, ATTORNEY AT LAW

Name (Printed or typed)

P.O. BOX 277

Address

HAINES CITY, FLORIDA 33845

City, State & Zip

863-422-6484

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:

OLD TOWN CAFE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

2818 Rooks Road  
Davenport, Florida 33837

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant and Any Other Lawful Purpose

### **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):

Jeffrey M. Waters  
2818 Rooks Road  
Davenport, Florida 33837

PRESIDENT, SECRETARY AND TREASURER/DIRECTOR

### **ARTICLE VI REGISTERED AGENT**

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

Jeffrey M. Waters  
2818 Rooks Road  
Davenport, Florida 33837

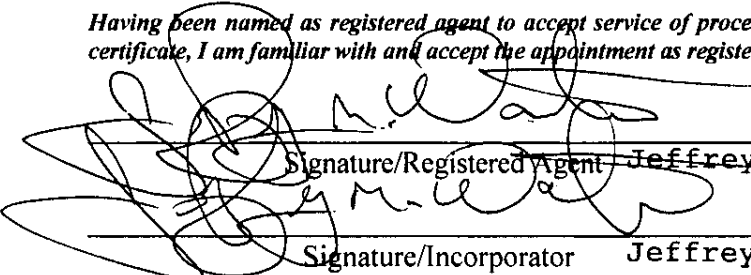
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey M. Waters  
2818 Rooks Road  
Davenport, Florida 33837

\*\*\*\*\*

*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 Jeffrey M. Waters

February 18, 2009

Date

Signature/Incorporator Jeffrey M. Waters

February 18, 2009

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA