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| (Requestor's Name) | | | | |
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| (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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Office Use Only



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COVER LETTER

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

| SUBJECT:V | VARIE'S KITCHE | N INC | | |
|--|--|--|--|--|
| - | (PROPOSED CORPORA) | FE NAME <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED | |
| | | | | |
| FROM: MARIE WELLS Name (Printed or typed) | | | | |
| | 7928 MEADOW RUSH LOOP | | | |
| | SARASOTA | FL 34235 | · | |
| City, State & Zip 941-923-1000 | | | | |
| | WEIG 17 | elephone number 42 W AOL, (d | W | |
| E-mail address: (to be used for future annual report notification) | | | | |

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



RECEIVED

FLORIDA DEPARTMENT OF STATE 10 HAR -5 PM 3: 43

Division of Corporations EPARTMENT OF STATE DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA

January 4, 2010

MARIE WELLS 7928 MEADOW RUSH LOOP SARASOTA, FL 34238

SUBJECT: MARIE'S KITCHEN INC Ref. Number: W10000000113

We have received your document for MARIE'S KITCHEN INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 410A00000056

| 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: | • |
| MAME'S IC ITCH | tevi inc |
| 1411.00 | . • |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different is: | · |
| 7928 M | 14DOW RUSH LOOP |
| APTICLE III DIDDOCE | TA. F134238 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | ant/CATERING |
| | |
| K estaur | ant CATERING B |
| ARTICLE IV SHARES | , in the second |
| The number of shares of stock is: | |
| 700 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR | s ^{選問} · 5 |
| List name(s), address(es) and specific title(s): | |
| MARIE 112715 - 79781 | Meadow Rush LowP - President, Transver, Secretary |
| SALASONA LI ZUZZS: | - Preside TRASurer Scrietary |
| ARTICLE VI REGISTERED AGENT | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| The name and Florida street address (P.O. Box NOT acceptable) of | f the registered agent is: |
| MARIE WELLS - 7928 Meadow RUSH (100) S | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| MANIE WELLS -7528 Meadow Rush Coop S | anasata FL34238 |
| **************** | ******** |
| Having been named as registered agent to accept service of proces | ss 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 | |
| Man Moon | 2-28-10 |
| Signature/Registered Agent | Date |
| maurel. | Z-28-10 |
| Signature/Incorporator | Date |