

P10000049433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

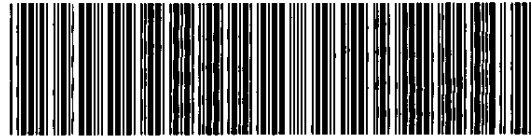
(Business Entity Name)

(Document Number)

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

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10 JUN 11 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-14-10 ch

# 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:

Johnny's Soda Fountain + Luncheonette Inc.

## ARTICLE II PRINCIPAL OFFICE

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

45 Curtiss Parkway  
Miami Spgs Fl. 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resturant + Making Profit

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carol Dodgen President  
Johnny Ledford Vice President

## ARTICLE VI REGISTERED AGENT

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

Carol Dodgen  
6400 NW 41 St  
Miami Spgs Fl. 33166

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

6400 NW 41 St Carole Dodge  
Miami Spgs Fl. 33166

\*\*\*\*\*  
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 .....

Carole Dodge

Signature/Registered Agent

Carole Dodge

Signature/Incorporator

6-9-10

Date

6-9-10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Johnny's Soda fountain & Lunchette 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: Carol Dodgen  
Name (Printed or typed)

6400 NW 41 Street  
Address

Miami Springs Fla. 33166  
City, State & Zip

305-790-4199  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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