

P10000097483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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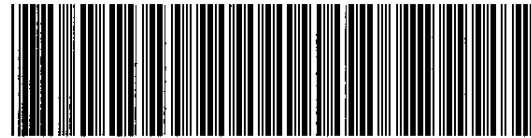
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers DEC 02 2010
W10-52187
691

COVER LETTER

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

SUBJECT: Skip's Fast Foods, 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: Leon Skipwith, Jr.
Name (Printed or typed)

1234 Depugh St
Address

Altamonte Springs, FL 32701
City, State & Zip

(321) 947 - 1068
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.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Skip's Fast Foods, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1234 Depugh St.
Altamonte Springs, FL
32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.**ARTICLE IV SHARES**

The number of shares of stock is:

#5 Five**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Leon Skipwith Jr., OwnerAddress: 1234 Depugh St.
Altamonte Springs, FL
32701

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Leon Skipwith, Jr.
Address: 1234 Depugh St
Altamonte Springs, FL 32701**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leon Skipwith, Jr.
Address: 1234 Depugh St
Altamonte Springs, FL 32701

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

LEON SKIPWITH JR

Required Signature/Registered Agent

11-01-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LEON SKIPWITH JR

Required Signature/Incorporator

11/1/10

Date

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TALLAHASSEE, FLORIDA

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