

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cindybo61@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Subs of NW FL 3 Inc

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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T. Burch DEC 21 2010.

12/20/2010

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2010 DEC 20 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 DEC 20 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAMEThe name of the corporation shall be: **Subs of NW FL 3 Inc**ARTICLE II PRINCIPAL OFFICE

Principal street address:
4600 Mobile Hwy. Suite 122
Pensacola FL 32506

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RestaurantARTICLE IV SHARESThe number of shares of stock is: **100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: **Cynthia D. Mills President**Address: **13500 Sandy Key Dr. #415W**
Pensacola FL 32507

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: **Cynthia D. Mills**
Address: **13500 Sandy Key Dr. #415W**
Pensacola FL 32507

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **Cynthia D. Mills**
Address: **13500 Sandy Key Dr. #415W**
Pensacola FL 32507

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

Cynthia D. Mills

Required Signature/Registered Agent

12/20/10

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 § 817.155, F.S.

Cynthia D. Mills

Required Signature/Incorporator

12/20/10

Date

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TALLAHASSEE, FLORIDA