

P11000027965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

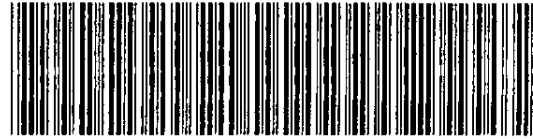
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/18/11--01031--009 **70.00

FILED
MAR 18 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 3/22/11

COVER LETTER

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

SUBJECT: ROASTED CUP 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: THOMAS APICELLA
Name (Printed or typed)

26861 SAMMOSET WAY
Address

BONITA SPRINGS, FL 34135
City, State & Zip

(630)253-2519
Daytime Telephone number

tomsr@eshanes.com
E-mail address: (to be used for future annual report notification)

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:

ROASTED CUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
26861 Sammoset Way
Bonita Springs, FL 34135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lauren Apicella, President & Director
Address: 2717 Curtiss Street
Downers Grove, IL 60515

Name and Title: _____
Address: _____

Name and Title: Douglas Apicella, Secretary & Director
Address: 2717 Curtiss Street
Downers Grove, IL 60515

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:

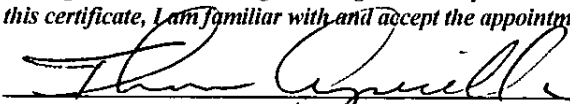
Name: Thomas Apicella
Address: 26861 Sammoset Way
Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. Clyde Jones, III
Address: 328 South 2nd Street
Geneva, IL 60134

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




Required Signature/Registered Agent

3-4-2011

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.



Required Signature/Incorporator

February 21, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA