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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/28

COVER LETTER

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

SUBJECT: NICIA'S CAFE 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: ELIZABETH RAYMOND
Name (Printed or typed)

2125 B WHITE PINE CIR
Address

GREENACRES, FLORIDA 33415
City, State & Zip

561-315-1556
Daytime Telephone number

DMND5GLOR@yahoo.com ✓
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: NICIA'S CAFE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2125 B WHITE PINE CIR.

GREENACRES, FL. 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH RAYMOND ^{owner}

Address: 2125 B WHITE PINE CIR.

GREENACRES, FLORIDA 33415

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: ELIZABETH RAYMOND

Address: 2125 B WHITE PINE CIR.

GREENACRES, FL. 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELIZABETH RAYMOND

Address: 2125 B WHITE PINE CIR.

GREENACRES, FL. 33415

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

Elizabeth Raymond

Required Signature Registered Agent

03.18.11

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.

Elizabeth Raymond

Required Signature Incorporator

03.18.11

Date

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TALLAHASSEE, FLORIDA

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