711000053260

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T' SUMME NOW 0 & SOU,





MICHELLE L. BAKER
GARY K. FRY**

June 1, 2011

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: The Wurst Bar In Town

Dear Division of Corporations:

Enclosed are the following for The Wurst Bar In Town, Inc.:

- 1. Original and a copy of the articles of incorporation for The Wurst Bar In Town, Inc.
- 2. Cover letter.
- 3. Check in the amount of \$87.50.

File the articles and then send me a certified copy and certificate of status.

Very truly yours.

RM/cs

Enclosures

190 EAST AVENUE

TALLMADGE, OHIO 44278

PHONE 330-633-0666

FAX 330-633-0626

www.maguirelegalgroup.com

*ALSO LICENSED IN FLORIDA

**ALSO LICENSED IN UTAH

COVER LETTER

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

SUBJECT: The Wurst Bar In Town, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Robert D. Maguire	(Printed or typed)		
190 East Avenue	Address Address		
Tallmadge, Ohio 44278			
City,	State & Zip		
Daytime To	elephone number		
robert@maguirelegalgro	up.com		

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)

11 A

RTICLE II	PRINCIPAL OFFICE		
	Principal street address *	Mailing a	ddress, if different is:
	149 Standish Circle		<u> </u>
	North Et. Myers, FL 33903		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
LRTICLE IV The number of sl	SHARES hares of stock is: One Hundred		
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	CTORS	
Name and Address:	Title: Ronald G. Kopko, Director	Name and Title:	
Address.	149 Standish Circle North Ft. Myers, FL 33903	Address.	
Name and	Title: Ronald G. Kopko, Presider	Name and Title:	
Address:	and Treasurer 149 Standish Circle	Address:	
	North Ft. Myers, FL 33903		
	North Ft. Wyers, FL 33903		
Name and	Title:	Name and Title:	
Address:		Address:	
			5
	REGISTERED AGENT		
	Iorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Ronald G. Kopko		A A
Address:	149 Standish Circle		35.00 do F
	North Ft. Myers, FL 3390	3	(F) (Sh
RTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Ronald G. Kopko		5 5
Address:	149 Standish Circle		* N
	North Ft. Myers, FL 33903	3	
laving been na.	med as registered agent to accept service of p	process for the above stated corpo	pration at the place designated
	am familiar with and accept the appointment		
1 1			• •
MANAUL			May 1号, 2011
- CO - CO	Required Signature/Registered Age	nt	Date
	Ronald G. Kopko		Bute
submit this do	cument and affirm that the facts stated here	in are true. I am aware that the	false information submitted i
	Department of State donstitutes a third degree		
, ,	$A/I \rightarrow I$		
/ /	111 V IA		
Carl	Required Signature/Incorporator		May (8, 201