

P110000057885

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

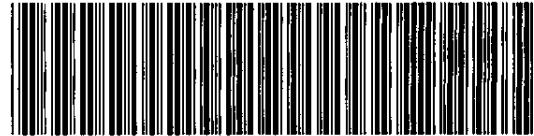
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUN 21 PM 2:50

2545-
W11000031784

W 6/22/11

COVER LETTER

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

SUBJECT: Paulie's, 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: Nora Scire

Name (Printed or typed)

11221 Lakeview Drive

Address

Coral Springs, FL 33071

City, State & Zip

631-805-6862

Daytime Telephone number

PauliesInc@yahoo.com

E-mail address: (to be used for future annual report notification)

FILED
2011 JUN 21 PM 2:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUN 21 PM 1:06
DIVISION OF CORPORATIONS

June 10, 2011

NORA SCIRE
11221 LAKEVIEW DRIVE
CORAL SPRINGS, FL 33071

SUBJECT: PAULIE'S, INC.
Ref. Number: W11000031784

We have received your document for PAULIE'S, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the corporation in Article I.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 611A00014284

Paulie Menon's Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUN 21 PM 2:50

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: Paulie Mena's Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3001 E. Commercial Blvd.
Fort Lauderdale, FL 33308

Mailing address, if different is:
11221 Lakeview Drive
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To operate a restaurant and sports bar as well as to conduct and transact all lawful business
activities allowed under the laws of the State of Florida.

ARTICLE IV SHARES 12500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nora Scire, President
Address: 11221 lakeview Drive
Coral Springs, FL 33071

Name and Title: Frederick Scire
Address: 11221 Lakeview Drive
Coral Springs, FL 33071

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: Nora Scire
Address: 11221 Lakeview Drive
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nora Scire
Address: 11221 Lakeview Drive
Coral Springs, FL 33071

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

Nora Scire
NORA SCIRE Required Signature/Registered Agent

6-5-2011
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.

Nora Scire
NORA SCIRE Required Signature/Incorporator

6-5-2011
Date

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2011 JUN 21 PM 2:50