

P110000060145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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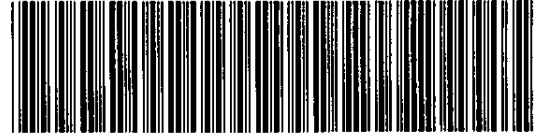
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/11--01046--023 **78.75

FILED
11 JUN 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 6/30

COVER LETTER

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

SUBJECT: TONY'S LIP SMACKING RIBS & CHICKEN, 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: TONY'S LIP SMACKING RIBS & CHICKEN, INC.
Name (Printed or typed)

4102 DEL RIO WAY
Address

SUNRISE, FL 33351
City, State & Zip

954.822.6599
Daytime Telephone number

TONYSLIPSMACKINGRIBSNCHICKEN@YAHOO.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: **TONY'S LIP SMACKING RIBS & CHICKEN, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4012 DEL RIO WAY
SUNRISE, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARIUS J. SNELL, DIRECTOR	Name and Title: _____
Address: 4012 DEL RIO WAY	Address: _____
SUNRISE, FL 33351	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **DARIUS J. SNELL**
Address: **4012 DEL RIO WAY**
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DARIUS J. SNELL**
Address: **4012 DEL RIO WAY**
SUNRISE, FL 33351

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

6/24/2011

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

6/24/2011

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA