

P11000067395

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 27 2011

COVER LETTER

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

SUBJECT: Cortesses Bistro, 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: Sam Osta
Name (Printed or typed)
172 San Marco Ave
Address
St. Augustine FL 32084
City, State & Zip
904-825-6775
Daytime Telephone number
Sam Osta Construction At Yahoo.com
E-mail address: (to be used for future annual report notification)

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

CORTESSES BISTRO, INC.

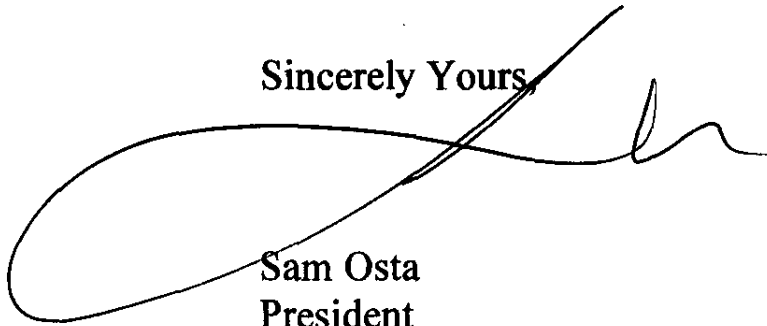
July 14, 2011

172 SAN MARCO AVE. ST AUGUSTINE FL 32084
(904) 825-6775

Document# P10000081402

I don't intend to revoke that dissolution of CORTESSES BISTRO ,
INC. Please release the name for immediate use to file a new
corporation.

Sincerely Yours,

A large, stylized handwritten signature in black ink, appearing to be 'S Osta', written over the typed name.

Sam Osta
President

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TALLAHASSEE, FLORIDA

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: Confessed Bistro, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Confessed Bistro, Inc.
172 San Marcos Ave.
St. Augustine FL 32084

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Osta
Address: 172 San Marcos Ave.
St. Augustine FL 32084

Name and Title: President
Address: 172 San Marcos Ave.
St. Augustine FL 32084

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: Sam Osta
Address: 172 San Marcos Ave.
St. Augustine FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sam Osta
Address: 172 San Marcos Ave.
St. Augustine FL 32084

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

7-13-11
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.

Required Signature/Incorporator

7-15-11
Date

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TALLAHASSEE, FLORIDA