

P110000068300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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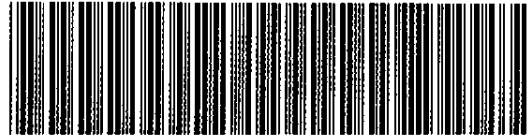
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/29

COVER LETTER

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

SUBJECT: Curry Duck Cook Off & Competition, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dr. Ram P. Ramcharran
Name (Printed or typed)

242 rue des chateaux
Address

Tarpon Springs, Fl 34688
City, State & Zip

727-798-4258
Daytime Telephone number

ramramcharran@hotmail.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: **Curry Duck Competition & Cook Off, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
242 rue des chateaux
Tarpon Springs, FL 34688

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To promote food at festivals

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Sadhana Ramcharran
Address: 242 rue des chateaux
Tarpon Springs, FL 34688

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: Dr. Sadhana Ramcharran
Address: 242 rue des chateaux
Tarpon springs, fl 34688

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Ram P. Ramcharran
Address: 242 rue des chateaux
tarpon springs, fl 34688

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

Sadhana Ramcharran
Required Signature/Registered Agent

7/24/11
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.

[Signature]
Required Signature/Incorporator

7/24/11
Date