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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:57

Ps 8/23/11

COVER LETTER

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

SUBJECT: **LAINE'S CARIBBEAN CUISINE, 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: **ELAINE GRANT**

Name (Printed or typed)

505 SOUTH PINE ISLAND ROAD, #308

Address

PLANTATION, FL 33324

City, State & Zip

(954) 638-8673

Daytime Telephone number

elaineablegrant@comcast.net

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: LAINE'S CARIBBEAN CUISINE, INC.

11 AUG 22 AM 10: 57

ARTICLE II PRINCIPAL OFFICE

Principal street address
505 SOUTH PINE ISLAND ROAD
#308
PLANTATION, FL 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PREPARE, SERVE, AND CATERING TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELAINE GRANT, P. VP
Address: 505 SOUTH PINE ISLAND ROAD
#308
PLANTATION, FL 33324

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: ELAINE GRANT
Address: 505 S. PINE ISLAND ROAD #308
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELAINE GRANT
Address: 505 S. PINE ISLAND ROAD #308
PLANTATION, FL 33324

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

Elaine Grant

Required Signature/Registered Agent

8-16-2011

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.

Elaine Grant

Required Signature/Incorporator

8-16-2011

Date