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SEP 27 11 35
STATE
TALLAHASSEE, FLORIDA

K 09/28/11

COVER LETTER

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

SUBJECT: KIDS ROCK 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: STEVEN R. TOWNES
Name (Printed or typed)

2016 NW 1ST STREET
Address

CAPE CORAL FLORIDA 33993
City, State & Zip

239-243-5356
Daytime Telephone number

skibumrules@aol.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: **KIDS ROCK INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2016 NW 1ST STREET
CAPE CORAL FLORIDA
33993

Mailing address, if different is:

SAME AS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT DBA BIGFISH LITTLEFISH

ARTICLE IV SHARES

The number of shares of stock is: **1,000.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **STEVEN R. TOWNES - PRESIDENT**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA 33993

Name and Title: **RACHEL BAKKE - TOWNES - TRESURER**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA 33993

Name and Title: **RACHEL BAKKE - TOWNES - V.P.**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA 33993

Name and Title: _____
Address: _____

Name and Title: **STEVEN R. TOWNES - SECRETARY**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA
33993

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: **STEVEN R. TOWNES**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **STEVEN R. TOWNES**
Address: **2016 NW 1ST STREET**
CAPE CORAL FLORIDA 33993

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

9-23-11

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

9-23-11

Date

RECEIVED
11 SEP 27 PM 3:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA