

P11000103604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

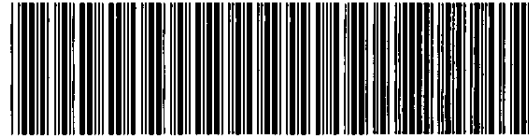
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2011 DEC -5 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 06 2011

**COVER LETTER**

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

SUBJECT: Leslie's 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

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

FROM: Leslie Tomlinson  
Name (Printed or typed)  
3403 crape Myrtle Dr.  
Address  
Hernando Beh, FL 34609  
City, State & Zip  
352 232-6901  
Daytime Telephone number  
lesliesbistro@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC -5 AM 11:00

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**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: Leslie's Bistro Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
3306 Shoal Line Blvd.  
Hernando Bch. FL  
34607

Mailing address, if different is:  
3403 Grape Myrtle Dr.  
Hernando Bch, FL  
34607

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All business purposes

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President - Leslie Tomlinson  
Address: 3403 Grape Myrtle Dr.  
Hernando Bch, FL  
34607

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Secretary/Treasurer Keith Tomlinson  
Address: 3403 Grape Myrtle Dr.  
Hernando Bch, FL  
34607

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: Leslie Tomlinson  
Address: 3403 Grape Myrtle Dr.  
Hernando Bch, FL 34607

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie Tomlinson  
Address: 3403 Grape Myrtle Dr.  
Hernando Bch, FL 34607

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

Leslie Tomlinson  
Required Signature/Registered Agent

11-30-11  
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.

Leslie Tomlinson  
Required Signature/Incorporator

11-30-11  
Date

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