## P12000005729

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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MR/18/12

## **COVER LETTER**

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

Tallahassee, FL 32314	And the second s
	- 1.5 多钟:
SUBJECT: Ronnie's Restau (PROPOSED CORPOR	ATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
oto sportiji Predomini Aemano	v
FROM: Veronica Clar	e (Printed or typed)
P.O Box 26-3	682 Address
Tampa F1 35	3685 , State & Zip
863 808-31 Daytime	95 Telephone number
apluseduser vic	ed for future langual report potification)

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)

The name of the cor	poration shall be: RONNI 6'5 R	estaurant, In	C.
ARTICLE II	PRINCIPAL OFFICE Principal street address 0910 N 30th Street Tampa Fl 33612	#101 Po Box	Idress, if different is: 263682 FL33685
ARTICLE III I	PURPOSE ich the corporation is organized is:	serve food to	the public.
			TALLAH TALLAH
ARTICLE IV	SHARES		S.F.
The number of share	s of stock is: 2		P P
	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>	TIS R
Name and Tit Address:	e: VERONICA Clark/Fresi 10910 N 30h stree Tampa FI 33612	Name and Title:	ORD I
Name and Tit Address:	e: Andrew R. Wilkins J 10910 N 30th stree Tampa FI 32612	Name and Title:	
Name and Titl Address:	e:	Name and Title:Address:	
	REGISTERED AGENT  da street address (P.O. Box NOT acceptable  ACACEW R. WILKINS IC  10910 N. 30th Street  Tampa Fl 33612	e) of the registered agent is:	
	NCORPORATOR  ESS of the Incorporator is:  VERONICA CLACK  PO BOX 263662  IAMPA FL 33685		
this certificate, I am	as registered agent to accept service of pro familiar with and accept the appointment as	registered agent and agree to act	
Undow (	Nequired Signature/Registered Agent		01/12/2012 Date
I sulpnit this docum	ent and affirm that the facts stated herein artinent of State constitutes a third degree fe	are true. I am aware that the fo	alse information submitted in a , F.S.
Heint			1/12/2012
<del>~ ( /</del>	Required Signature/Incorporator	<del></del>	- Date