

P 12000007491

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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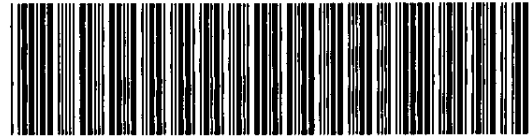
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jan 23/12

## COVER LETTER

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

SUBJECT: ANTHONY'S Deli WAREHOUSE 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: PAUL MENDEL  
Name (Printed or typed)

2944 W BAY DR APT 203  
Address

BELLEAIR BLUFFS FL 33770-2664  
City, State & Zip

(727) 479-5900  
Daytime Telephone number

MONGUS1 @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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TALLAHASSEE, FLORIDA

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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: ANTHONY'S DELI WAREHOUSE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1435 CLEARWATER LARGO RD N  
LARGO FL 33770

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OPERATE A DELI FOR PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PAUL MENDEL Name and Title: \_\_\_\_\_  
Address: 2944 W BAY DR APT 203 Address: \_\_\_\_\_  
BELLEAIR BLUFFS FL 33770

Name and Title: JOSEPH LEO Name and Title: \_\_\_\_\_  
Address: 700 STARKLEY RD Address: \_\_\_\_\_  
LARGO FL 33771

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: CHARLES MENDEL  
Address: 2944 W BAY DR APT 203  
BELLEAIR BLUFFS FL 33770

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES MENDEL  
Address: 2944 W BAY DR APT 203  
BELLEAIR BLUFFS FL 33770

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

Charles Mendel CHARLES MENDEL  
Required Signature/Registered Agent

1-24-2012  
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.

Charles Mendel CHARLES MENDEL  
Required Signature/Incorporator

1-24-2012  
Date

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