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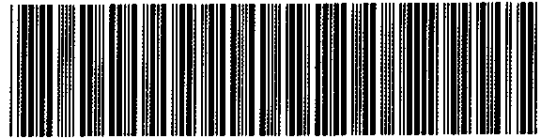


Certificates of Status



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 02/13/12

## COVER LETTER

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

SUBJECT: Lewiswood BBQ, 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: John and Debra Lewis  
Name (Printed or typed)

2928 Lewiswood Lane  
Address

Tallahassee, FL 32305  
City, State & Zip

850-421-5039  
Daytime Telephone number

lewiswood@embargmail.com  
E-mail address: (to be used for future annual report notification)

Mailing Address:  
P.O. Box 750  
Woodville, FL  
32362

**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: Lewiswood BBQ, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8159 Woodville Highway  
Tallahassee, FL 32305

Mailing address, if different is:  
P.O. Box 750  
Woodville, FL 32362

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate a restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Debra H. Lewis  
Address: P.O. Box 750  
Woodville, FL 32362

Name and Title: John A. Lewis  
Address: P.O. Box 750  
Woodville, FL 32362

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: Debra H. Lewis  
Address: 8159 Woodville Highway  
Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Debra H. Lewis  
Address: P.O. Box 750  
Woodville, FL 32362

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

Debra H. Lewis

Required Signature/Registered Agent

2/13/12  
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.

Debra H. Lewis

Required Signature/Incorporator

2/13/12  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA