

P12000015220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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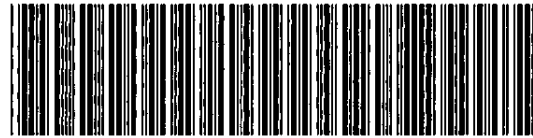
(Business Entity Name)

(Document Number)

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

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2012 FEB 13 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 14 2012

**COVER LETTER**

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

SUBJECT: The Famous Square Pizzeria, 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: The Famous Square Pizzeria, Inc.  
Name (Printed or typed)

31664 Heron Ridge Lane  
Address

Weston, FL 33331  
City, State & Zip

954 218-5543  
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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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: The Famous Square Pizzeria, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
31064 Heron Ridge Ln.  
Weston, FL 33331

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Pamela L. Feit, President  
Address: 31064 Heron Ridge Ln.  
Weston, FL 33331

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

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: Pamela L. Feit  
Address: 31064 Heron Ridge Ln.  
Weston, FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pamela L. Feit  
Address: 31064 Heron Ridge Ln.  
Weston, FL 33331

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

Pamela L. Feit  
Required Signature/Registered Agent

2/8/12  
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.

Pamela L. Feit  
Required Signature/Incorporator

2/8/12  
Date

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