

P/2000021653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/05/12

COVER LETTER

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

SUBJECT: Rissa 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: Larissa S. Mavronas
Name (Printed or typed)

5445 Hibiscus Avenue
Address

Port Orange, Florida 32129
City, State & Zip

386-868-6013
Daytime Telephone number

reesie.cupsdd@gmail.com
E-mail address: (to be used for future annual report notification)

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: Rissa Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5145 Hibiscus Avenue
Port Orange, FL 32129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

full service restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarissa S. Maurongs
Address: 5145 Hibiscus Ave.
Port Orange, FL 32129

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: Jarissa S. Maurongs
Address: 5145 Hibiscus Avenue
Port Orange, FL 32129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jarissa S. Maurongs
Address: 5145 Hibiscus Avenue
Port Orange, FL 32129

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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

Required Signature/Registered Agent

2/28/12
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.

Required Signature/Incorporator

2/28/12
Date