

P12000031663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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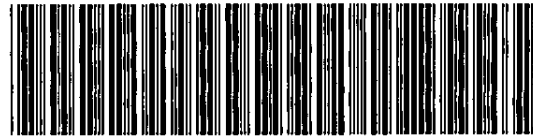
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/02/12--01044--013 **87.50

MRS
4/3/12

FILED
12 APR - 2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **THE COURTYARD WINE BAR, 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
ADDITIONAL COPY REQUIRED	

FROM: **LYNN E. ROSE**

Name (Printed or typed)

304 DESOTO DRIVE

Address

NEW SMYRNA BEACH, FL 32169

City, State & Zip

386-423-8218

Daytime Telephone number

LYNWOODIE@AOL.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)

FILED

12 APR -2 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME THE COURTYARD WINE BAR, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
307 FLAGLER AVE., SUITE 105
NEW SMYRNA BEACH, FL 32169

Mailing address, if different is:
307 FLAGLER AVE., SUITE 105
NEW SMYRNA BEACH, FL 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO OPERATE A WINE BAR THAT WILL SELL WINE AND BEER BY THE GLASS, PLATED FOOD, AND PACKAGED WINE AND BEER.

ARTICLE IV SHARES

The number of shares of stock is 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>BRANT C. ROSE, PRESIDENT AND DIRECTOR</u>	Name and Title: _____
Address: <u>304 DESOTO DRIVE</u>	Address: _____
<u>NEW SMYRNA BEACH, FL 32169</u>	_____

Name and Title: <u>LYNN E. ROSE, VICE PRESIDENT, SECRETARY & TREASURER, DIRECTOR</u>	Name and Title: _____
Address: <u>304 DESOTO DRIVE</u>	Address: _____
<u>NEW SMYRNA BEACH, FL 32169</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

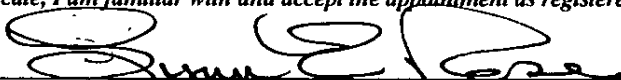
Name: LYNN E. ROSE
Address: 304 DESOTO DRIVE
NEW SMYRNA BEACH, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LYNN E. ROSE
Address: 304 DESOTO DRIVE
NEW SMYRNA BEACH, FL 32169

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

MARCH 30, 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.



Required Signature/Incorporator

MARCH 30, 2012

Date