

P12000043910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

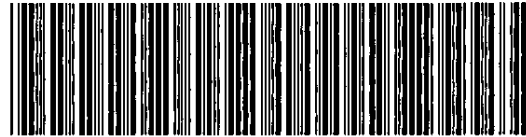
(Business Entity Name)

(Document Number)

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

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05/09/12--01011--004 \*\*87.50

FILED  
2012 MAY -9 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 10 2012

## COVER LETTER

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

SUBJECT: Bugle Boy's Nostalgic Cafe, 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: Kimberly Biedenharn

Name (Printed or typed)

924 NE 17 Terrace #10

Address

Fort Lauderdale, Florida 33304

City, State & Zip

954-591-7272

Daytime Telephone number

bb1940s@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
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:

Bugle Boy's Nostalgic Cafe, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

924 NE 17 Terrace #10  
Fort Lauderdale Florida 33304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Bugle Boy's Nostalgic Cafe, Inc., is going to be a full service Cafe.

**ARTICLE IV SHARES**

The number of shares of stock is 5000

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

Name and Title: Kimberly Sue Biedenharn-President

Address: 924 NE 17 Terrace #10  
Fort Lauderdale Florida 33304

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

Address: \_\_\_\_\_

Name and Title: Joseph Peter Letizia-Vice President

Address: 924 NE 17 Terrace #10  
Ft Lauderdale, Florida 33304

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:

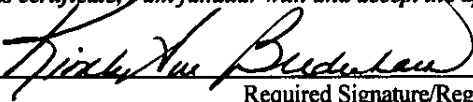
Name: Kimberly Sue Biedenharn  
Address: 924 NE 17 Terrace #10  
Fort Lauderdale, Florida 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Sue Biedenharn  
Address: 924 NE 17 Terrace #10  
Fort Lauderdale Florida 33304

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

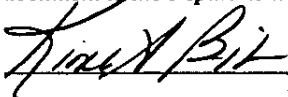


Required Signature/Registered Agent

5/4/2012

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

5/4/2012

Date

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