

P12000048487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

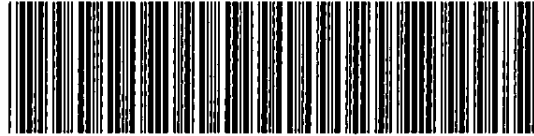
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/25/12--01001--017 **70.00

RECEIVED

2012 MAY 24 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 MAY 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/24/12

COVER LETTER

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

SUBJECT: Fireside Grill & Steakhouse, 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: Jamie Griffin
Name (Printed or typed)

41 SE 967th Street
Address

Old Town, FL 32680
City, State & Zip

404-797-5334
Daytime Telephone number

JamieG103@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)

ARTICLE I NAME

The name of the corporation shall be: Fireside Grill & Steakhouse, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16368 Hwy 19
Cross City, FL 32628

Mailing address, if different is:

41 SE 96th Street
Old Town, FL 32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

new business

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Griffin, President
Address: 41 SE 96th Street
Old Town, FL 32680

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:

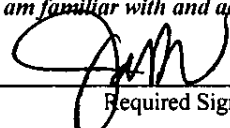
Name: Jamie Griffin
Address: 41 SE 96th Street
Old Town, FL 32680

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Griffin
Address: 41 SE 96th St
Old Town, FL 32680

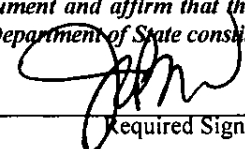
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/24/12
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

5/24/12
Date

FILED
12 MAY 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA