

P12000048487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

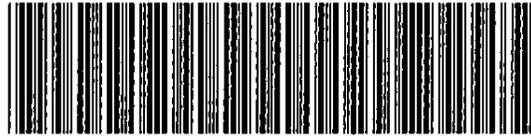
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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

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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 967th 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 Name and Title: \_\_\_\_\_  
Address: 41 SE 967th Street Address: \_\_\_\_\_  
Old Town, FL 32680

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

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: Jamie Griffin  
Address: 41 SE 967th Street  
Old Town, FL 32680

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jamie Griffin  
Address: 41 SE 967th 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

[Signature]  
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.

[Signature]  
Required Signature/Incorporator

5/24/12  
Date

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