1200066244

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne) .
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



800237956128

07/30/12--01034--004 **78.50

SECRETARY OF STATE OF STATE OF CORPORATIONS

Ps 7/3/12

COVER LETTER

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

SUBJECT: mamais Soulfor	od Restaurant, Inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	,
FROM: Katrina Name	(Printed or typed)
1702 N. Ma	ruland Ave.
A	address
Plant City	Fy FL. 33563
(813)380	-5688
	elephone number
mamassoulfood	@ hotmail.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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

	vame Poration shall be: Mamas S	80017000 NEI W	(+)000 00 MM 10
RTICLE II F	PRINCIPAL OFFICE Principal street address		ess, if different is:
3	919 N. Tampa St. ampa Fi. 3356	1202 N.M Blant City	anland fue.
RTICLE III P	<u>URPOSE</u>	is now busi	1/100
e purpose for whi	urpose ch the corporation is organized is:	Ang no Das	
RTICLE IV S	SHADES		
	s of stock is: 100		
RTICLE V I	NITIAL OFFICERS AND/OR DIREC	<u>TORS</u>	
Name and Title	EKatrina Spry P 1202 N. Mardand A	Name and Title:	
Address:	Plant City, FD. 335		
			
Name and Title	e;	Name and Title:	
Address:		Address:	
Name and Title	e:	Name and Title:	
Address:		Address:	
RTICLE VI R	REGISTERED AGENT		
e name and Flori	da street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	hatrina Spy		
Address:	1302 h. man 12021	1707 . 335103	
	Plant City Fl.	<u>, , , , , , , , , , , , , , , , , , , </u>	
	NCORPORATOR —		
	ess of the Incorporator is:		
Name:	1202 N. Maryand	PhW	
Address:	Plant City Col 335	1700.	
	1 10 11 5 13 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		
iving been named is certificate, I am	t as registered agent to accept service of p familiar with and accept the appointment of	rocess for the above stated corporat as registered agent and agree to act i	tion at the place designated in n this capacity
1	~ <u>_</u>		10/10/10
× _ 1	19) - XON		<u>le le 12</u>
Katir			D.J.
Katir	Required Signature/Registered Agen	t	Dale

Required Signature/Incorporator