## Ph00079515

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PICK-UP WAIT MAIL
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09/19/12--01019--014 \*\*70.00

SUFFICIENCY OF FILING ACKNOWLEDGE

DEPARIMENT OF STATE
JIVISION OF CORPORATION

2012 SEP 19 PH 12: 02

SEP 19 PHI2: 27

## **COVER LETTER**

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

SUBJECT: RUBY'S PINER INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
(PROPФSED CORPORA	FE NAMÉ – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
	(Printed or typed)	
1158 WALDEN	ddress	
1 ALLA HASSEE City,	F 32317 State & Zip	
	elephone number  Aol. Com  Tor future annual report notification)	
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)

The name of the corporation shall be: Ruby 5 DINE	R, THC	
PRINCIPAL OFFICE  Principal street address  1580 Summit DR Steph  TAUAHASSEE, FL 30317	Mailing address, if different is:  1/58 WALDEN KID  TALLAHASSEE, FL 333/7	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
Food SERVICE	•	
ARTICLE IV SHARES The number of shares of stock is:		
Name and Title: RUBY WOODSON AND ADDRESS: 1/58 WALDER RD  TALLAHASSEE FL 323/7  DREST DENT		
Name and Title: Address:	Name and Title: Address:	
Name and Title:Address:	Name and Title:	
ARTICLE VI REGISTERED AGENT	-	
The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address: //58 WALDEN RD  TRULAHASSEE, FL 303	the registered agent is:	
ARTICLE VII INCORPORATOR	S	
The name and address of the Ingorporator is:  Name:  Address:  1158 WHIDEN PD  TANAHASSE, FL 383	TORIO PRO	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as reg		
Aculty le ho Journal Required Signature/Registered Agent	9/19/2018 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.		
Krely Woods	9/19/2012	
Required Signature/Incorporator	Dáte	