

P/2000079621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

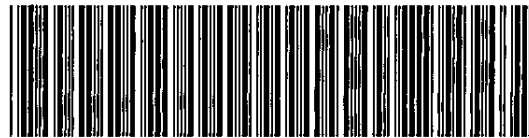
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED "NUMBER OF SHARES"
(1), PER TELEPHONE
CONVERSATION WITH
ROBERT CAMPBELL.

K 09/18/12

Office Use Only



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09/17/12--01036--013 **70.00

FILED
12 SEP 17 PM 3:01
FALL GASSIE, FLORIDA

K 09/19/12

COVER LETTER

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

SUBJECT: Restaurant Interiors of Pinellas 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: Robert Campbell
Name (Printed or typed)

10601 Lake Breeze Dr
Address

Seminole FL 33772
City, State & Zip

727-560-9276
Daytime Telephone number

rest.int@gmail.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: Restaurant Interiors of Pinellas Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10601 Lake Breeze Drive
Seminole, FL 33772.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Remodeling and Maintaing restaurants.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Campbell President Name and Title: _____

Address: 10601 Lake Breeze Dr Address: _____

Seminole FL 33772

Name and Title: Debbie Campbell Vice President Name and Title: _____

Address: 10601 Lake Breeze Dr Address: _____

Seminole, FL 33772

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: Robert Campbell

Address: 10601 Lake Breeze Dr
Seminole, FL 33772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Campbell

Address: 10601 Lake Breeze Dr
Seminole FL 33772

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

Robert Campbell

Required Signature/Registered Agent

9-10-12

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.

Robert Campbell

Required Signature/Incorporator

9-10-12

Date

12 SEP 17 PM 2:01
TALLAHASSEE, FLORIDA