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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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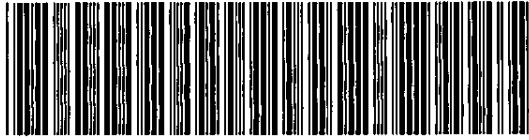
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: 5 PALMS CULINARY CONCEPTS 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: DUSTIN GORDON  
Name (Printed or typed)

2490 CENTER GATE DRIVE #104  
Address

MIRAMAR FL 33025  
City, State & Zip

954-380-9966  
Daytime Telephone number

dustingordon@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)

**ARTICLE I NAME** 5 PALMS CULINARY CONCEPTS INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address 2490 Center Gate Dr #104 Mailing address, if different is:  
Miramar FL 33025

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To conduct any and all business affairs

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Dustin Gordon President</u>	Name and Title: _____
Address: <u>2490 Center Gate Dr #104</u>	Address: _____
<u>Miramar FL 33025</u>	_____
_____	_____
Name and Title: <u>Jenny Gordon Vice President</u>	Name and Title: _____
Address: <u>2490 Center Gate Drive #104</u>	Address: _____
<u>Miramar FL 33025</u>	_____
_____	_____
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: Dustin Gordon  
Address: 2490 Center Gate Drive #104  
Miramar FL 33025

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Dustin Gordon  
Address: 2490 Center Gate Drive #104  
Miramar FL 33025

*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*

*Dustin M. Gordon* *Jenny Gordon* 09-11-2012  
Required Signature/Registered Agent 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.*

*Dustin M. Gordon* *Jenny Gordon* 09-11-2012  
Required Signature/Incorporator Date

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