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SECRETARY OF STATE
TALLAHASSEE, FL 32309

September 24, 2012

Olive Grill Mediterranean Inc
4372 Southside Blvd. #201
Jacksonville, FL 32216

To the Florida Department of State Division of Corporations;

Attn: Sean Tomer

This letter is written in order to state that we release the name of the business corporation "Olive Grill Mediterranean Inc." and that we will not reinstate.

Thank you for your consideration,



Leslie Nasehi
Registered Agent

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Olive Grill Mediterranean 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: Leslie Nasechi
Name (Printed or typed)
516 Honey Locust Ln.
Address
Ponte Vedra Beach, FL 32082
City, State & Zip
904 525 2211
Daytime Telephone number
lanasechi@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: OLIVE GRILL MEDITERRANEAN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4372 Southside Blvd #201
Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

In order to have a professional business and
the protections that being a corporation entails

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shahin Nasehi (President) Name and Title: _____

Address: 10075 Gate Pkwy N. Address: _____

2004

Jacksonville, FL 32246

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Leslie Nasehi

Address: 516 Henry Locust Ln
Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie Nasehi

Address: 516 Henry Locust Ln.
Ponte Vedra Beach, FL 32082

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

Leslie Nasehi

Required Signature/Registered Agent

9/24/12

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.

Leslie Nasehi

Required Signature/Incorporator

9/24/12

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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