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(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

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

SUBJECT: Sarasota Pizza Wars, Inc.		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: John Tatum  Name (Printed or typed)		
5674 Palmer Blvd		
Address		
Sarasota, FL 34276 City, State & Zip		
941-377-5791  Daytime Telephone number		
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: PRINCIPAL OFFICE Principal street address Mailing address, if different is: Pizza SRQ Sarasota Pizza Wars 5674 Palmer Blvd PO BOX 17791 Sarasota, FL 34232 Sarasota, FL 34276 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To help raise money for the Upside Down Foundation who is inspiring academic success and leadership through mentoring. ARTICLE IV SHARES The number of shares of stock is:100 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: John Tatum, Director \_\_\_ Name and Title:\_\_ Address: 5674 Palmer Blvd Address: Sarasota, FL 34276 Name and Title:\_\_\_\_\_ Name and Title: Address: Address: Name and Title: 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: John Tatum Address: 5674 Palmer Blvd Sarasota, FL 34276 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Grea Truitt PO BOX 17791 Address: Sarasota, FL 34276 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 far his and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent

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 Dapartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date