

P12000086699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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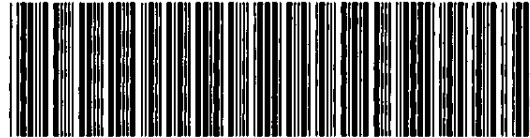
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/12--01011--006 **78.75

FILED
12 OCT 12 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J Shivers OCT 15 2012

COVER LETTER

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

SUBJECT: GOODFELLA'S HOT DOGS, 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: JOSEPH STELLATO
Name (Printed or typed)

1267 SE ILLUSION ISLE WAY
Address

STUART, FL 34997
City, State & Zip

203 731-4084
Daytime Telephone number

JOE.STELLATO@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: GOODFELLA'S HOT DOGS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1267 SE ILLUSION ISLE WAY
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL FOOD VENDING

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH STELLATO, PRESIDENT Name and Title: _____
Address: 1267 SE ILLUSION ISLE WAY Address: _____
STUART, FL 34997

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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:

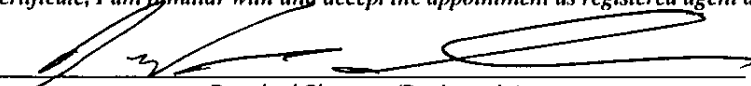
Name: JOSEPH STELLATO
Address: 1267 SE ILLUSION ISLE WAY
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

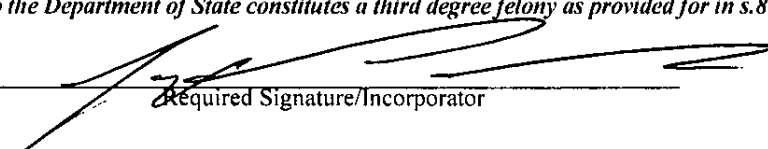
Name: JOSEPH STELLATO
Address: 1267 SE ILLUSION ISLE WAY
STUART, FL 34997

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


Required Signature/Registered Agent

10/9/12
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.


Required Signature/Incorporator

10/8/12
Date

FILED
12 OCT 12 AM 10:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA