

P/2000091746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900241213879

10/31/12--01002--004 **70.00

RECEIVED
12 OCT 31 AM 11:19
TALLAHASSEE, FLORIDA

11/01/12

COVER LETTER

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

SUBJECT: Lonestar Steaks Company
(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: CHRISTIAN BLANKEN
Name (Printed or typed)

402 E. Palm Ave
Address

Tampa, FL 33602
City, State & Zip

727-520-6090
Daytime Telephone number

Christian.blanken@yahoo.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: Lowestar Steaks Company

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
402 E. Palm Ave
Tampa, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for profit distribution business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian M. Blanken
Address: 402 E Palm Ave
Tampa, FL 33602

President; Vice President
Secretary; Treasurer

Name and Title: _____
Address: _____

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: Christian Blanken
Address: 402 E. Palm Ave
Tampa FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christian Blanken
Address: 402 E Palm Ave
Tampa, FL 33602

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

CM Blanken

Required Signature/Registered Agent

10-29-2012
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.

CM Blanken

Required Signature/Incorporator

10-29-2012
Date

12 OCT 31 AM 11:43
TALLAHASSEE, FLORIDA