## 712000096667

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

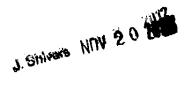
Office Use Only



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## **COVER LETTER**

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

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SUBJECT: Lindle	ourgers Wellington, Inc.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:			
\$70.00 Filing Fee	-	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: _	fark Meyers	e (Printed or typed)				
P.	O. Box 3721	(Timed of typed)				
_	Address					
L	antana, Florida 33465					
<b>←</b>	·					
50	61-951-0797					
	Daytime T	elephone number				
m	meyers@lindburgers.com					
•	E-mail address: (to be use	d 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 The name of the	corporation shall be: Lindburgers Wellington	, Inc.			
ARTICLE II	PRINCIPAL OFFICE				
ARTICLE II	Principal street address		Mailing addres	ss, if different is:	
•	13860 Wellington Trace 32,33	P.O. Bo	ox 3721		
	Wellington, Florida 33414	Lantan	a, Florida 3	33465	
ARTICLE III					<del> </del>
The purpose for	which the corporation is organized is: Restaurar	ıı			
ARTICLE IV The number of sl	SHARES hares of stock is: 3				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	<u>s</u>		=	
	Title: Mark Meyers President		Jeri Meye P.O. Box 3	rs Vice Presid	ent
Address:	P.O. Box 3721 Lantana, Florida 33465	Address:		-lorida 33465	
	Editaria, Florida 00-700	- -	- Lamana, 1	101100 00 100	
	Title: Kimberly Meyers Secretary	Name and Title:	• •		
Address:	P.O. Box 3721	Address:			
	Lantana, Florida 33465	-			
Name and	Title:	Name and Title:	:		
Address:		Address:			
		•			70
ARTICLE VI	REGISTERED AGENT			ER	3
The name and F	Florida street address (P.O. Box NOT acceptable) of	the registered age	ent is:	<u> </u>	
Name:	Mark Meyers 13860 Wellington Trace #32,33			Hi.	
Address:	Wellington, Florida 33414	-			
	Tromington, Florida 00 11 1	-		ŽŽ Š	<u>ე</u> ა
	INCORPORATOR			ਲੋਘ ਹੈ	o o
	ddress of the Incorporator is: Mark Meyers				
Name: Address:	13860 Wellington Trace #32,33	•			
Address.	Wellington, Florida 33414	•			
	med as registered agent to accept service of process				ignated in
this certificate, I	am familiar with and accept the appointment as reg	istered agent and	agree to act in	n this capacity	
	MAN			11/11/15	
	Required Signature/Registered Agent		-	Date	<u> </u>
	Required Signature/Registered Agent				
I submit this do	Required Signature/Registered Agent  cument and affirm that the facts stated herein are	true. I am aware	that the false	information subn	nitted in a
	, , , , , , , , , , , , , , , , , , , ,				nitted in a
	cument and affirm that the facts stated herein are				nitted in a