

P13000005082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

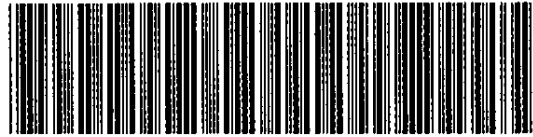
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 15 2013

COVER LETTER

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

SUBJECT: **GASTRO ENTERPRISES, 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: **GERT HEBSACKER**

Name (Printed or typed)

2710 DEL PRADO BLVD. 2

Address

CAPE CORAL FL 33904

City, State & Zip

239-826-4861

Daytime Telephone number

worldbeverages@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: **GASTRO ENTERPRISES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
711 PAMELA DRIVE
PUNTA GORDA FL 33950

Mailing address, if different is:
2710 DEL PRADO BLVD. 2
SUITE 250
CAPE CORAL FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENT & RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GERT HEBACKER - PRESIDENT
Address: 1639 SE 40th STREET
CAPE CORAL FL 33904

Name and Title: KLAUS DIETER WINKLER - VICE PRESIDENT
Address: 711 PAMELA DRIVE
PUNTA GORDA FL 33950

Name and Title: MANDI J. CABA - VICE-PRESIDENT
Address: 16082 VIA SOLARA CIRCLE 103
FORT MYERS FL 33908

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:

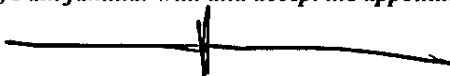
Name: GERT HEBACKER
Address: 1639 SE 40th STREET
CAPE CORAL FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GERT HEBACKER
Address: 1639 SE 40th STREET
CAPE CORAL FL 33904

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

01-03-2013
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

01-03-2013
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA