

71300005801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

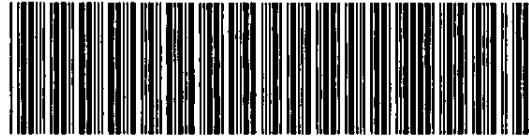
(Document Number)

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J. Shivers JAN 17 2013

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 16 AM 11:25

FILED

W12-61679



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2013

IONIE ANDREWS  
1410 NW 191ST ST  
MIAMI, FL 33169

SUBJECT: ISLAND CUISINE CORP  
Ref. Number: W12000061639

We have received your document for ISLAND CUISINE CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00029456

P. 1

## COVER LETTER

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

SUBJECT: Island Cuisine Corp.  
(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: Tonie Andrews  
Name (Printed or typed)

1410 NW 191ST ST MIAMI  
Address

MIAMI FL 33169  
City, State & Zip

786 352 0921  
Daytime Telephone number

tonieandrews@hotmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 16 AM 11:25

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**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: IONIE ANDREWS ISLAND CUISINE CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1410 NW 191ST  
MIAMI FL  
33169

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ISLAND FOOD PREPARATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOANN ANDREWS  
Address: SECRETARY  
1410 NW 191ST MIAMI FL  
33169

Name and Title: IONIE ANDREWS PRESIDENT  
Address: 1410 NW 191ST  
MIAMI FL  
33169

Name and Title: Renie Collie/Vice President  
Address: 1410 NW 191ST MIAMI  
FL 33169

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: IONIE ANDREWS  
Address: 1410 NW 191ST MIAMI  
FL 33169

ARTICLE VIII: EFFECTIVE DATE  
FILE DATE: JANUARY  
14, 2013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IONIE ANDREWS  
Address: 1410 NW 191ST MIAMI  
FL 33169

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

Andrews

Required Signature/Registered Agent

SA 01/14/13

01/14/13

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.

Andrews

Required Signature/Incorporator

SA 01/14/13

01/14/13

Date

FILED

13 JAN 16 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA