

P13000014249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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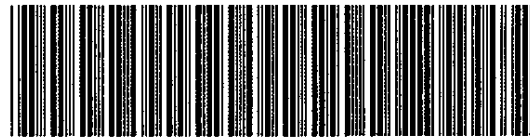
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/12/13

COVER LETTER

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

SUBJECT: Donovan's BBQ and Sports Bar, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jennifer Donovan

Name (Printed or typed)

341 Evans Street

Address

Port Charlotte, FL 33954

City, State & Zip

941-456-3564

Daytime Telephone number

jenniferdonovan0@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: Donovan's BBQ and Sports Bar, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

341 Evans Street

Port Charlotte, FL 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To start a new business as a restaurant and bar.

Incorporating to provide limited liability to the owner(s), and to provide certain tax benefits.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Ross Donovan, CEO, President

Name and Title: _____

Address

341 Evans Street

Address: _____

Port Charlotte, FL 33954

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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(cont.)

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Name and Title: _____ Name and Title: 13 FEB 11 PM 12:18
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles Cash
Address: 34614 Nova Lane
Port Charlotte, FL 33954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Ross Donovan
Address: 341 Evans Street
Port Charlotte, FL 33954

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

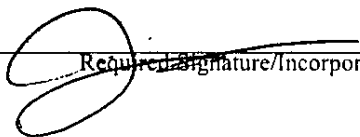


Required Signature/Registered Agent

2/4/13

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.



Required Signature/Incorporator

2/5/13

Date