P.1.300023932

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	٠
(Business Entity Name)	
(Document Number)	[.
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	V

Office Use Only



800244498398

02/28/13--01009--004 **78.75

13 MAR II PH I: 25
SECRETARY OF STATE
TALLAH (SSEE

WIZHYZ

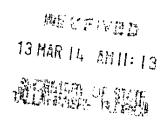
COVER LETTER

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

SUBJECT: Laz	y Days Bar & Gri	ill Inc	
		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	DPY REQUIRED
FROM: La	aurie Rita Day	e (Printed or typed)	
55	Whittington Dri	ve	يتخدير
		Address	
Pa	alm Coast FL 32	2164	•
	City,	State & Zip	
38	36-237-7096		·
	Daytime T	elephone number	
laz	zydaysbarandgrill@		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.





March 1, 2013

LAURIE RITA DAY 55 WHITTIONGTON DRIVE PALM COAST, FL 32164

SUBJECT: LAZY DAYS BAR & GRILL INC

Ref. Number: W13000012442

We have received your document for LAZY DAYS BAR & GRILL INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 113A00004980

www.sunbiz.org

TO TO TO TO TO THE PROPERTY OF THE PROPERTY OF

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Principal street address State Street	Mailing add	tress, if different is:
nnell, FL	32110		
ICLE III PU	repose on the corporation is organized is: Operat	ing a bar and gril	
			SECRETALL ALL
	of stock is:	· 	SET OF STATE
umber of shares	of stock is: 1000 IITIAL OFFICERS AND/OR DIRECTOR Itle: Laurie R. Day, Pres	RS Name and Title:	4: 25
umber of shares	of stock is: TOOO IITIAL OFFICERS AND/OR DIRECTOR		4: 25
umber of shares ICLE V II Name and T Address	ITTIAL OFFICERS AND/OR DIRECTOR Laurie R. Day, Pres 55 Whittington Drive	Name and Title: Address:	4: 25
umber of shares ICLE V II Name and T Address	TITIAL OFFICERS AND/OR DIRECTOR Laurie R. Day, Pres 55 Whittington Drive Palm Coast, FL 32164	Name and Title: Address: Name and Title:	4: 25
With the second of the second	TITIAL OFFICERS AND/OR DIRECTOR Laurie R. Day, Pres 55 Whittington Drive Palm Coast, FL 32164	Name and Title: Address: Name and Title: Address:	4: 25

Name an	d Title:	Name and Title:
Address		Address:
•		
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Laurie R. Day	_
Address:	55 Whittington Drive	
	Palm Coast FL 32164	
ARTICLE VII	INCORPORATOR	FILL CALLAST CALLAST
The name and a	ddress of the Incorporator is:	
Name:	Raure R. L	Jay ==
Address:	109-A So. STATE	2 y. 25
	Bunnell, FL 33	2110
Having been nat this certificate, I	med as registered agent to accept service of proces am familiar with and accept th e ap pointment as re	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Ha	urie L. L. Jas	2/21/2013
 	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State const itutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Ta	une fla	3-10-13
(/ /)	Required Signature/Incorporator	Date