

P/3000034266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

ATX1

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

**SUBJECT:** CATERING BY TONY 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:** TONY F. SAAYFAN

Name (Printed or typed)

695 A1A N, UNIT 22

Address

PONTE VEDRA BEACH, FL 32082

City, State & Zip

904 687-8147

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

CATERING BY TONY INC

ATX1

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: CATERING BY TONY INC

13 APR 15 PM 12:41

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

695 A1A N UNIT 22

PONTE VEDRA BEACH, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for the purpose of conducting,

to the extent permitted by Florida Law or to carry on in any capacity any business or trade deemed legal in the

State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 each having a par value of \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony F. Saayfan, President/Director

Name and Title: \_\_\_\_\_

Address: 695 A1A N Unit 22

Address: \_\_\_\_\_

Ponte Vedra Beach, FL 32082

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED

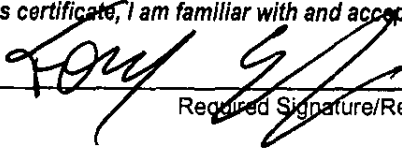
Name and Title: \_\_\_\_\_

Name and Title: 13 APR 15 PM 12:41

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: Tony F SaayfanAddress: 696 A1A N Unit 22Ponte Vedra Beach, FL 32082**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Tony F. SaayfanAddress: 695 A1A N Unit 22Ponte Vedra Beach, FL 32082

*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*

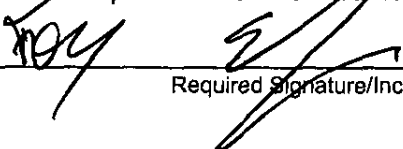


Required Signature/Registered Agent

4/10/2013

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

4/10/2013

Date