

P 13000052550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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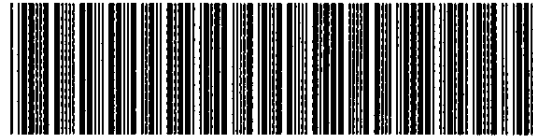
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: **CJC RESTAURANTS, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Charito Cooper**

Name (Printed or typed)

9946 Warner Lane

Address

Wellington, FL 33414

City, State & Zip

(561)313-8270

Daytime Telephone number

cccooper9500@yahoo.com

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

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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)

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ARTICLE I NAME CJC RESTAURANTS, INC.
The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE
Principal street address
13860 Wellington Trace #36
Wellington, FL 33414

Mailing address, if different is:

9946 Warner Lane
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide the proper structure with which to create a successful
dining establishment.

ARTICLE IV SHARES 10,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Charito Cooper, President / 70% Shareholder</u>	Name and Title: _____
Address: <u>9946 Warner Lane</u> <u>Wellington, FL 33414</u>	Address: _____

Name and Title: <u>Joseph Cooper, Vice President / 30% Shareholder</u>	Name and Title: _____
Address: <u>9946 Warner Lane</u> <u>Wellington, FL 33414</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Charito Cooper
Address: 9946 Warner Lane
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charito Cooper
Address: 9946 Warner Lane
Wellington, FL 33414

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

06/11/13

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

06/11/13

Date

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