

P13000059077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

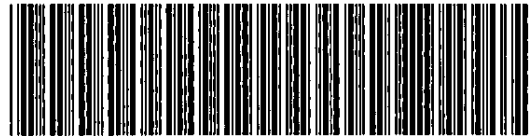
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/10/13--01011--018 \*\*70.00

13 JUL 10 AM 8:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

7/15  
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## COVER LETTER

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

SUBJECT: University Diner, 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: Richard E. McCann, Jr.

Name (Printed or typed)

1935 River Lagoon Trace

Address

St. Augustine, FL 32092

City, State & Zip

904-687-8363

Daytime Telephone number

richmccann@bellsouth.net

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: University Diner, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

5959 Merrill Road

Jacksonville, FL 32277

Mailing address, if different is:

1935 River Lagoon Trace

St. Augustine, FL 32092

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Richard E. McCann, Jr., PST

Address: 1935 River Lagoon Trace  
St. Augustine, FL 32092

Name and Title: BethAnne McCann, PRES

Address: 1935 River Lagoon Trace  
St. Augustine, FL 32092

Name and Title: Sally P. McCann, D

Address: 2724 Alvarado Ave.  
Jacksonville, FL 32217

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

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

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

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

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

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

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DIVISION OF CORPORATIONS  
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(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: Richard E. McCann, Jr.  
Address: 1935 River Lagoon Trace  
St. Augustine, FL 32092

**ARTICLE VII INCORPORATOR**

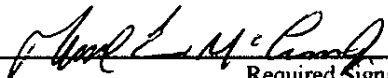
The name and address of the Incorporator is:

Name: Richard E. McCann, Jr.  
Address: 1935 River Lagoon Trace  
St. Augustine, FL 32092


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DIVISION OF CORPORATIONS

*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*

 7/8/2013  
Required Signature/Registered Agent 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.*

 7/8/2013  
Required Signature/Incorporator Date