1930000912.

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

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COVER LETTER

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

SUBJECT:	eBurgers Corporation			
	(PROPOSED CORPORA	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 COPY REQUIRI		
	linton Perryman, Name 0172 Silver Maple	e (Printed or typed)		
		Address		
Fo	ort Myers, FL. 33			
	City,	State & Zip		
23	39.273.5597			
<u></u>	Daytime T	elephone number		
clt	059@msn.com	d 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)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The name of the corporat		Corporation	13 AUG 14 PM 2: 44
	NCIPAL OFFICE Principal street address Maple Ct	Maili	ng address, if different is:
Fort Myers, Fl	33913		
serving fast food product line	POSE To establish a ecorporation is organized is: https://example.com/documents/pitches/documents/pitches/documents/	er services to include the c	
·	ently owned and operated franchise agreements; to cre	-	· · · · · ·
	rketing, selling, and distribution throughout the United Stat	es associated with the eBurge	ors Corporation fast food restaurant enterprises.
ARTICLE IV SHA The number of shares of a ARTICLE V INIT Name and Title	TAL OFFICERS AND/OR DIRECTOR Clinton L. Perryman, Sr. CEO/President		
Address	10172 Silver Maple Ct. Fort Myers, FL. 33913	Address:	
Name and Title:	10172 Silver Manle Ct	Name and Title: Address:	
Name and Title:			

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name an	d Title:	Name and Title 3 AUG 14 PM 2: 44	* "
Address		Address:	
<i>ARTICLE VI</i> The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Clint Perryman		
Address:	10172 Silver Maple Ct.	-	
	Fort Myers, FL. 33913	-	
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	Clint Perryman	<u>-</u>	
Address:	10172 Silver Maple Ct.	_	
	Fort Myers, FL. 33913	-	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
	·	8.12.13	
	Required Signature/Registered Agent	Da	te
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felot		submitted in a
	,	8.12.13	3
	Required Signature/Incorporator	D	ate