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(Requestor's Name)

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(City/State/Zip/Phone #)

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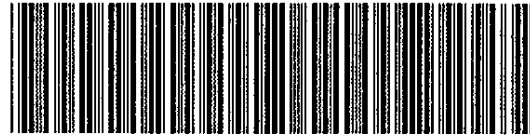
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
9/5/13

COVER LETTER

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

SUBJECT: BUTTONWOOD CAFE, 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: SAMMY HAMILTON, JR

Name (Printed or typed)

PO BOX 119

Address

EVERGLADES CITY, FL 34139

City, State & Zip

239-695-2758

Daytime Telephone number

RPINES8740@AOL.COM

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: BUTTONWOOD CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 FLAMINGO LODGE HWY

PO BOX 119

SR 9336

EVERGLADES CITY, FL

HOMESTEAD, FL 33034

34139

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: SAMMY HAMILTON, JR, PRESIDENT

Name and Title: JOE HAMILTON, Treasurer

Address: PO BOX 119
EVERGLADES CITY, FL
34139

Address: PO BOX 119
EVERGLADES CITY, FL
34139

Name and Title: BRENDA HAMILTON, Secretary

Name and Title: _____

Address: PO BOX 119
EVERGLADES CITY, FL 34139

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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(conti.)

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

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SAMMY HAMILTON, JR
Address: 686 STORTER AVENUE N
EVERGLADES CITY, FL 34139

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: SAMMY HAMILTON, JR
Address: 686 STORTER AVENUE N
EVERGLADES CITY, FL 34139

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

<u></u>	<u>8/22/13</u>
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.

<u></u>	<u>8/22/13</u>
Required Signature/Incorporator	Date