

PI3000083773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

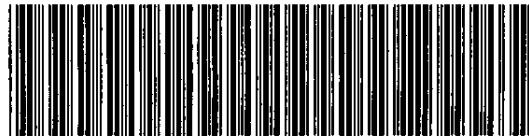
(Business Entity Name)

(Document Number)

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

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13 OCT 10 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1113-54109

MD 10/11

## COVER LETTER

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

SUBJECT: Georgia Pig Family Restaurant 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: Luke Moorman

Name (Printed or typed)

913 S.W. 19th Street

Address

Fort Lauderdale, FL 33315

City, State & Zip

954.658.7941

Daytime Telephone number

Luke@Carrollsjewelry.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2013

LUKE MOORMAN  
913 S.W. 19TH STREET  
FORT LAUDERDALE, FL 33315

SUBJECT: GEORGIA PIG FAMILY RESTAURANT INC.  
Ref. Number: W13000054109

We have received your document for GEORGIA PIG FAMILY RESTAURANT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00022884

**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: Georgia Pig Family Restaurant Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1285 S. State Road #7

Fort Lauderdale, FL 33317

Mailing address, if different is:

564 W. Dayton Circle

Fort Lauderdale, FL 33312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Operate a restaurant.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Luke Moorman / CEO - Chief Executive Officer

Address: 913 S.W. 19th Street  
Fort Lauderdale, FL 33315

Name and Title: Robert Moorman Jr. / P - President

Address: 564 West Dayton Circle  
Fort Lauderdale, FL 33312

Name and Title: Barbara Moorman / S - Secretary

Address: 564 West Dayton Circle  
Fort Lauderdale, FL 33312

Name and Title: Robert Moorman III / O - Officer

Address: 5041 S.W. 10 Street  
Plantation, FL 33317

Name and Title: Mark Moorman / G - General

Address: 4310 8th Street NE  
Naples, FL 34120

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

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: Robert Moorman Jr.

Address: 564 West Dayton Circle  
Fort Lauderdale, FL 33312

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luke Moorman

Address: 913 S.W. 19th Street  
Fort Lauderdale, FL 33315

*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*

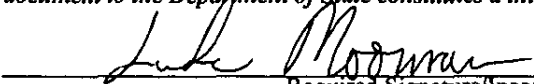


Required Signature/Registered Agent

10/8/13

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

10-8-13

Date