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13 DEC 30 PM 2:13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: CLUCKIN CHICKEN, 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: MICHELLE M PYLE

Name (Printed or typed)

3021 GRAY HERON CT

Address

NORTH FORT MYERS FL 33903

City, State & Zip

239-738-5202

Daytime Telephone number

Polly 7702 @ 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: CLUCKIN CHICKEN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3021 GRAY HERON CT
NORTH FORT MYERS FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPERATE A FOOD AND BEVERAGE TAKE-OUT.

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ARTICLE IV SHARES 7500

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DAVID M PYLE/DIRECTOR</u>	Name and Title:	<u>MICHELLE M PYLE/DIRECTOR</u>
Address	<u>3021 GRAY HERON CT</u>	Address:	<u>3021 GRAY HERON CT</u>
	<u>NORTH FORT MYERS</u>		<u>NORTH FORT MYERS</u>
	<u>FL 33903</u>		<u>FL 33903</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	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: MICHELLE M PYLE
Address: 3021 GRAY HERON CT
NORTH FORT MYERS 33903


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHELLE M PYLE
Address: 3021 GRAY HERON CT
NORTH FORT MYERS 33903

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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

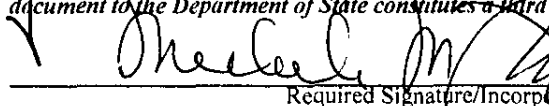


Required Signature/Registered Agent

09-24-2013

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

09-24-2013

Date