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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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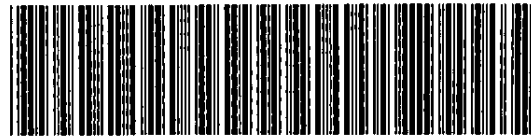
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 FEB 24 PM 2:39

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COVER LETTER

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

SUBJECT: **PIZZA EXPRESS OF OCALA, 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: **STEVEN R. MORTON**
Name (Printed or typed)

P.O. BOX 1016
Address

OCALA, FL. 34478
City, State & Zip

352-454-4754
Daytime Telephone number

SMCRASH1976@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS
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ARTICLE I NAME
The name of the corporation shall be: PIZZA EXPRESS OF OCALA, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1537 NE 39TH AVENUE, # E
OCALA, FL. 34470

Mailing address, if different is:
P.O. BOX 1016
OCALA, FL. 34478

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: DELIVERY SERVICE

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---------------------------------|-----------------|-------|
| Name and Title: | <u>STEVEN R. MORTON - PRES.</u> | Name and Title: | _____ |
| Address | <u>1537 NE 39TH AVENUE, # E</u> | Address: | _____ |
| | <u>OCALA. FL. 34470</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: STEVEN R. MORTON
Address: 1537 NE 39TH AVENUE, # E
OCALA, FL. 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN R. MORTON
Address: 1537 NE 39TH AVENUE, # E
OCALA, FL. 34470

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

x 

Required Signature/Registered Agent

x 2/14/14

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.

x 

Required Signature/Incorporator

x 2/14/14

Date

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