

P14600040796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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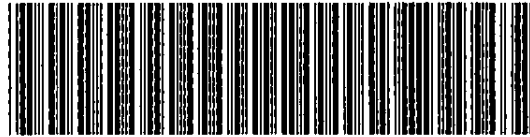
(Business Entity Name)

(Document Number)

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

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05/06/14--01012--004 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -6 AM 9:02

400s  
& CC  
5/9/14

## COVER LETTER

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

SUBJECT: ALL AMERICAN SHAKE SHOP 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: MARION BARBOUR  
Name (Printed or typed)

1301 13 ST. N.  
Address

NAPLES, FL. 34102  
City, State & Zip

(239) 896-5851  
Daytime Telephone number

MEB 13X2 @ COMCAST.NET  
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: ALL AMERICAN SHAKE SHOP INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

410 9ST. N.  
NAPLES, FL. 34102

1301 13ST. N.  
NAPLES, FL. 34102

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MANUFACTURE SOFT-SERVE  
ICE CREAM + FAST FOOD; SELL RETAIL THOSE  
PRODUCTS.

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DIVISION OF CORPORATIONS  
14 MAY - 6 AM 9:02

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARION BARBOUR-PRE Name and Title: \_\_\_\_\_

Address 1301 13ST. N. Address: \_\_\_\_\_

NAPLES, FL. 34102

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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: MARION BARBOUR

Address: 1301 13 ST. N.  
NAPLES, FL. 34102

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARION BARBOUR

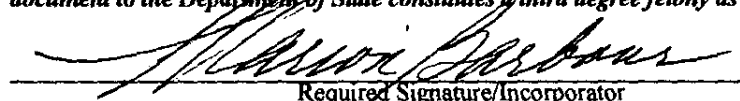
Address: 1301 13 ST. N.  
NAPLES, FL. 34102

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

5/1/14  
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.

  
Required Signature/Incorporator

5/1/14  
Date