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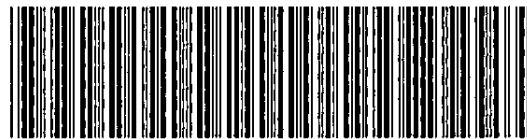
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/29/14

NAME: THURSDAY'S MANAGEMENT, INC

TYPE OF FILING: ARTICLES

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RETURN: CERTIFIED COPY PLEASE

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ACCOUNT: FCA000000015

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COVER LETTER

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

SUBJECT: Thursday's Management, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: David C. Peck
Name (Printed or typed)
Greenberg Traurig - 401 E. Las Olas Blvd., Suite 2000
Address
Ft. Lauderdale, FL 3301
City, State & Zip
954-768-8265
Daytime Telephone number
bernardragueneau@hotmail.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: Thursday's Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 South Birch Road

#1701

Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: management company

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bernard Ragueneau, President

Name and Title: _____

Address 100 South Birch Road

Address: _____

Apt. 1701

Fort Lauderdale, FL 33316

Name and Title: Savannah Ragueneau, Vice President

Name and Title: _____

Address 100 South Birch Road

Address: _____

Apt. 1701

Fort Lauderdale, FL 33316

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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(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: NRAI Services, Inc.

Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David C. Peck

Address: Greenberg Traurig, P.A. - 401 E. Las Olas Blvd., Suite 200

Ft. Lauderdale, FL 33301

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

Mary Peters
Required Signature/Registered Agent

5-29-14
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.

David C. Peck
Required Signature/Incorporator

5/23/14
Date

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TALLAHASSEE, FLORIDA