

P1400078 379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

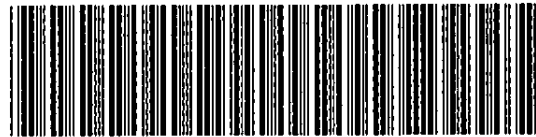
(Document Number)

Certified Copies ☒

Certificates of Status ☒

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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 JUN -5 PM 2:45
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 JUN -5 PM 2:55

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: C'EST LA VIE SPORTSBAR 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: MAX. PARKER
Name (Printed or typed)

P.O. Box 7557
Address

TALLAHASSEE FL 32314
City, State & Zip

850 222-2582
Daytime Telephone number

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

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

ARTICLES
AND
FILED

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: C'EST LA VIE SPORTSBAR INC 14 JUN -5 PM 2:55

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

2394 W. TENNESSEE ST
TAIHAHASSEE FL 32304

P.O. BOX 7557
TAIHAHASSEE FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: T. M. PARKER (P) Name and Title:

Address: P.O. BOX 7557 Address:

TAIHAHASSEE FL
32314

Name and Title: NORRIS PETERSON (VP) Name and Title:

Address: 2394 W. TENNESSEE ST Address:

TAIHAHASSEE, FL 32304

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:

Address:

Your Capital Connection Inc.
417 E. Virginia St STE 1
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

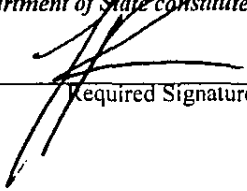
Address:

T. M. Parker
P.O. Box 1557
Tallahassee, FL 32314

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

 Seth Neeley For Your Capital Connection Inc. 6/5/14.
Required Signature/Registered Agent 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.

 6/5/14
Required Signature/Incorporator Date