

P14000055371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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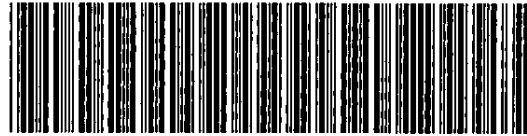
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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4/25/14

COVER LETTER

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

SUBJECT: MOJO GRILL HOLDINGS 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: GARY GIBERSON

Name (Printed or typed)

PO BOX 3746

Address

OCALA, FL 34471

City, State & Zip

352.304.3400

Daytime Telephone number

MOJOGRILLCPA@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: **MOJO GRILL HOLDINGS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

506 S. PINE AVENUE

OCALA, FL 34471

Mailing address, if different is:

PO BOX 3746

OCALA, FL 34478

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: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Ronald Fernandez, P**

Address: **PO Box 3746**

Ocala, FL 34478

Name and Title:

Address:

Name and Title: **Greg Mascaro, S**

Address: **PO Box 3746**

Ocala, FL 34478

Name and Title:

Address:

Name and Title: **Gary Giberson, T**

Address: **PO Box 3746**

Ocala, FL 34478

Name and Title:

Address:

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(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: Ronald Fernandez
Address: 506 S. PINE AVENUE
OCALA, FL 34478

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GARY GIBERSON
Address: 506 S. PINE AVENUE
OCALA, FL 34478

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

June 18, 2014

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

June 18, 2014

Date