

P14000056055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

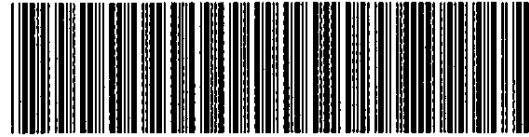
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-37684

Office Use Only



800259944458

06/16/14--01006--015 **78.75

14 JUN 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W/H

COVER LETTER

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

SUBJECT: Chip 's Deli

(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: Nathalie Menard

Name (Printed or typed)

4001 12th St N E

Address

St Petersburg FL 33703

City, State & Zip

727 418 2513

Daytime Telephone number

nathalie@hypericflorida.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2014

NATHALIE MENARD
4001 12TH ST NE
ST PETERSBURG, FL 33703

SUBJECT: CHIP'S DELI
Ref. Number: W14000037684

We have received your document for CHIP'S DELI and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 714A00013113

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Chip's Deli INC

14 JUN 26 AM 11:08

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS DIFFERENT FROM

4001 12th St N E

St Petersburg FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Open a deli in Spring Hill Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nathalie Menard

Name and Title: President

Address 4001 12th St N E

Address:

St Petersburg FL 33703

Name and Title: Alvin Cortes

Name and Title: VP

Address 9106 Kinglewood Trl

Address:

Brooksville FL 34613

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

(conti.)

14 JUN 26 AM 11:08

Name and Title: _____ Name and Title: _____
Address: _____ Address: SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

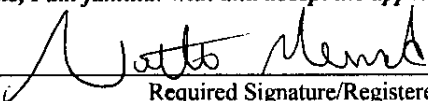
Name: Nathalie Menard
Address: 4001 12Th St N E
St Petersburg Fl 33703

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Nathalie Menard
Address: 4001 12Th St N E
St Petersburg Fl 33703

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
6-12-14 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
6-12-14 Date