

P/4000070/00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

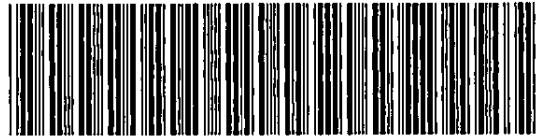
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TALLAHASSEE, FLORIDA

WAP - 32173

08/22/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-10

14 AUG 15 PM 2:11

SECTION
TALLAHASSEE, FLORIDA

June 13, 2014

SHEILA LOPEZ
2740 ABBEY GROVE DR.
VALRICO, FL 33594

*** 2ND CORRECTION ***

SUBJECT: CERTIFIED RESTAURANT SERVICES, INC.
Ref. Number: W14000032173

You failed to make the correction(s) requested in our previous letter.

We have received your document for CERTIFIED RESTAURANT SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

| | |
|------------------------------|---------|
| Filings Fees: | \$35.00 |
| Registered Agent Designation | \$35.00 |
| Certified Copy | \$8.75 |
| Certificate of Status | \$8.75 |

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 814A00011056



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

SHEILA LOPEZ
2740 ABBEY GROVE DR.
VALRICO, FL 33594

SUBJECT: CERTIFIED RESTAURANT SERVICES, INC.
Ref. Number: W14000032173

We have received your document for CERTIFIED RESTAURANT SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

| | |
|------------------------------|---------|
| Filings Fees: | \$35.00 |
| Registered Agent Designation | \$35.00 |
| Certified Copy | \$8.75 |
| Certificate of Status | \$8.75 |

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000091726 (CERTIFIED RESTAURANT SERVICES, INC.).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 814A00011056

COVER LETTER

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

SUBJECT: Certified Restaurant Services, 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: Sheila Lopez

Name (Printed or typed)

2740 Abbey Grove Dr

Address

Valrico, FL 33594

City, State & Zip

Daytime Telephone number

acrservice@icloud.com

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

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

Certified Restaurant Services, Inc.

Sheila Lopez
2740 Abbey Grove Dr
Valrico, FL 33594

Division of Corporations
Amendment Section
PO BOX 6327
Tallahassee, FL 32314

Re: Document #:P12000091726
CERTIFIED RESTAURANT SERVICES, INC.

RECEIVED
14 MAY 19 PM 4:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, Certified Restaurant Services, Inc., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

Sincerely,



Sheila Lopez

Certified Restaurant Services, Inc.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: Certified Restaurant Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2740 Abbey Grove Dr

Valrico, FL 33594

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: Sheila Lopez, President

Name and Title: _____

Address: 2740 Abbey Grove Dr

Address: _____

Valrico, FL 33594

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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14 AUG 21 AM 8:37
CLERK OF CIRCUIT COURT
HALL COUNTY, GEORGIA

(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: Sheila Lopez
Address: 2740 Abbey Grove Dr
Valrico, Fl 33594

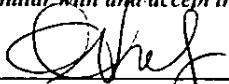
ARTICLE VII INCORPORATOR

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

Name: Sheila Lopez
Address: 2740 Abbey Grove Dr
Valrico, Fl 33594

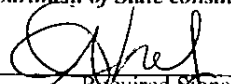
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14 AUG 21 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5/16/14
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

5/16/14
Date