

P140000078946

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(City/State/Zip/Phone #)

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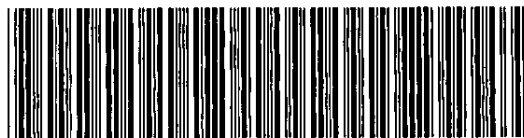
(Business Entity Name)

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SEP 25 2014

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DATE: 9/23/14

NAME: CMJ RESTAURANT MANAGEMENT, INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: CMJ Restaurant 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: Elizabeth A. Cooper
Name (Printed or typed)

Frost Brown Todd LLC, 400 W Market St., 32nd Floor
Address

Louisville, KY 40202-3363
City, State & Zip

502-568-0237
Daytime Telephone number

ecooper@fbtlaw.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:

CMJ Restaurant Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5821 Harbour Circle, Cape Coral, FL 33914

same

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Judd, President/Sole Director

Address

5821 Harbour Circle
Cape Coral, FL 33914

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(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: Capitol Corporate Services, Inc.
Address: 155 Office Plaza Dr., Ste A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frost Brown Todd LLC
Address: 400 W Market St., 32nd Fl
Louisville, KY 40202-3363

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

Krista Ali Krista Ali, Asst Sec 09/23/2014
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.

[Signature] 9/23/14
Required Signature/Incorporator Date
ELIZABETH A. Cooper, Manager of Frost Brown Todd