

PA000083589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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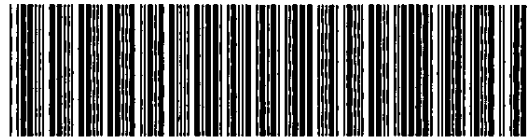
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **Scoopz Bistro 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: **Naiara Rementeria**

Name (Printed or typed)

**304 Copeland Avenue**

Address

**Everglades City, FL 34139**

City, State & Zip

**239-289-8392**

Daytime Telephone number

**scoopzbistro@gmail.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: Scoopz Bistro Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5080 Annunciation Circle

Ave Maia - FL 34142

Mailing address, if different is:

PO BOX 239

Everglades City FL 34139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business. Small Ice cream shop & Bistro.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Terri L Rementeria ( President )

Address 311 Copeland Avenue Unit 202  
Everglades City FL 34139

Name and Title: Naiara M Rementeria ( Vice President )

Address: 304 Copeland Avenue  
Everglades City FL 34139

Name and Title: Naiara M Rementeria ( Secretary )

Address 304 Copeland Avenue  
Everglades City FL 34139

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 OCT -6 AM 9:42  
NOTARY PUBLIC  
NAILA M. REMENTERIA

(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: Naiara M Rementeria

Address: 304 Copeland Avenue

Everglades City FL 34139

**ARTICLE VII INCORPORATOR**

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

Name: Naiara M Rementeria

Address: 304 Copeland Avenue

Everglades City FL 34139

*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*

Naiara M Rementeria

Required Signature/Registered Agent

09/24/2014

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.*

Naiara M. Rementeria

Required Signature/Incorporator

09/24/2014

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA