

P14 000084813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

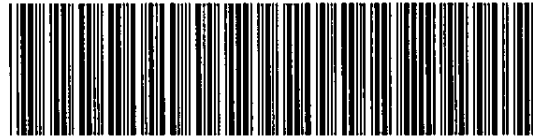
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-15/ms

**COVER LETTER**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 15 PM 12:20

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**SUBJECT: Steakaway, 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: Jackson Lee Herron**

Name (Printed or typed)

**6404 N 9th Ave**

Address

**Pensacola, FL 32504**

City, State & Zip

**(850)206-3246**

Daytime Telephone number

**leeherron@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:

**Steakaway INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**6404 N 9th Ave**

**Pensacola, FL 32504**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Restaurant**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

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

Name and Title:

**Jackson L Herron CEO**

Name and Title:

Address

**6404 N 9th Ave**

Address:

**Pensacola, FL 32504**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Jackson Lee Herron

Address: 6404 N 9th Ave

Pensacola, FL 32504

**ARTICLE VII INCORPORATOR**

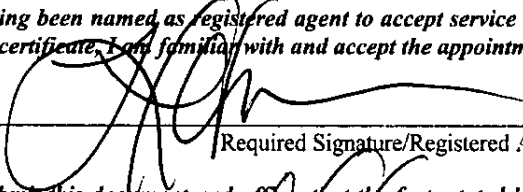
The name and address of the Incorporator is:

Name: JACKSON LEE HERRON

Address: 6404 N. 9TH AVE

PENSACOLA, FL 32504

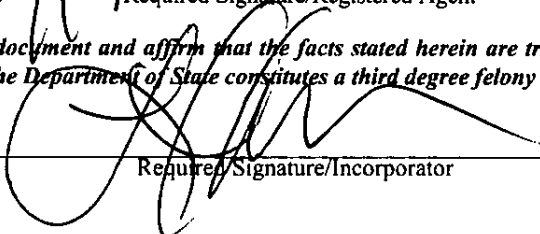
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

09/19/14

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

10/8/14

Date

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14 OCT 15 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

JACKSON LEE HERRON  
6404 N 9TH AVE  
PENSACOLA, FL 32504

SUBJECT: STEAKAWAY INC  
Ref. Number: W14000060067

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

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 014A00021072