

P15000005509

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(Business Entity Name)

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15 JAN 16 PM 4:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1.21.15

## COVER LETTER

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

SUBJECT: Fernandez The Bull Midtown 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: Stephanie Figueroa  
Name (Printed or typed)

3375 Pine Ridge Rd. Suite 101-102  
Address

Naples, Fl. 34109  
City, State & Zip

239-682-7979  
Daytime Telephone number

FernandezTheBull@aol.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: Fernandez The Bull Midtown Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3375 Pine Ridge Rd.

N/A

Suite 101+102

Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Opening restaurant.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Stephanie Figueroa <sup>President</sup> Name and Title: Lazaro Figueroa

Address: 392 Ashbury Way  
Naples, FL 34110

Address: 392 Ashbury Way  
Naples, FL 34110

President

Vice President

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

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

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

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

(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:

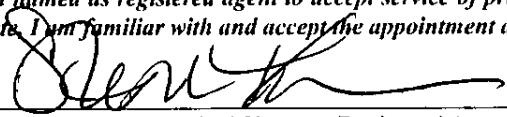
Name: Stephanie Figuera  
Address: 3375 Pine Ridge Rd Suite 101+102  
Naples, Fl. 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

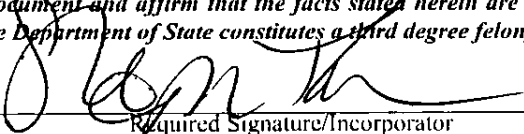
Name: Stephanie Figuera  
Address: 392 Ashbury Way  
Naples, Fl. 34110

*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

1-12-15<sup>8</sup>  
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

1-12-15<sup>8</sup>  
Date