P1500017810

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	

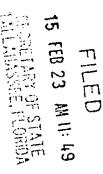
Office Use Only

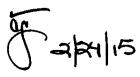
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COVER LETTER

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

SUBJECT: Ga	tor Grill Inc.			
SOBBECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	_
Enclosed are an or	iginal and one (1) copy of the arti	cles 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	1
		ADDITIONAL CO	PY REQUIRED]
rkow	1190 SW 194 A			
١	domestead, Florid	Address a 33030		
7	City, 286-298-9838	State & Zip		15 FEB
<u>g</u>	Daytime To	elephone number I for future annual report i	notification)	23 23
	·	•	(元) (元)	MIN 49

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



RECEIVED

15 FEB 23 AH IO: 25

ALLER ASSET HIME.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2015

GATOR GRILL INC. 31190 SW 194 AVENUE HOMESTEAD, FL 33030

SUBJECT: GATOR GRILL INC. Ref. Number: W15000009377

We have received your document for GATOR GRILL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 515A00002657

15 FEB 23 AH II: 49

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 N. The name of the corpo	AME Gator Grill Inc.		FILED
<i>article II Pi</i> 31190 SW	RINCIPAL OFFICE Principal street address 194 AVE		15 FEB 23 AM II: 49 Mailing address, if different is: YOF STATE LAULAHASSEE, FLORIDA
Homestead,	Florida		
33030			
ARTICLE III PU The purpose for whice	IRPOSE h the corporation is organized is:	rant	
ARTICLE IV SI	HARES		
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTO		
Name and T	Elsa DeVito president	Name and Title	Salvatore N DeVito vpres
Address	31190 sw 194 ave	Address:	31190 sw 194 ave
	Homestead, Florida		Homestead, Florida
	33030	_	33030
Name and Ti	tle:	Name and Title	e:
Address		Address:	
			
		_	
Name and Ti	lle:	Name and Title	e:
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
	STERED AGENT
The <u>name and Florida st</u>	reet address (P.O. Box NOT acceptable) of the registered agent is:
Name:	1sa Devite
Address:	190 SW 194 AVE
14	mostead FL 33030
+++	
ARTICLE VII INCO	PRPORATOR
The <u>name and address</u> o	f the Incorporator is:
Name:	Elsa Delito
Address:	3190 SW 194 AVE
_	Homestood FI 33030
_	(1511×2400) + [22000
	egistered agent to accept service of process for the above stated corporation at the place designated in
this certificate, I am fam	thar with and accept the appointment as registered agent and agree to act in this capacity
Q	January 30, 2015
	Required Signature/Registered Agent Date
	and affirm that the facts stated herein are true. I am powere that the false information submitted in a
document to the Departm	enrol State constitutes a third degree felony as provided for in 5.817.155, E.S.
a	120 LCVL (- 6 F) 19 / January 30, 2015
	Required Signature/Incorporator Date

FILED

15 FEB 23 AN II: 49

SUCKETARY OF STATE
ILLI MIASSEE FI GRIDA