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(Requestor's Name) (Address) (Address)	400270040564				
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Certified Copies Certificates of Status	ENVISA (************************************				
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## **COVER LETTER**

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

### NORTH FLORIDA RESTAURANT CONSULTING, INC

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# (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**\$70.00** Filing Fee

Filing Fee & Certificate of Status \$78.75Filing Fee& Certified Copy

■ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

ADAM FONTAINE

FROM:

Name (Printed or typed)

12434 FLEMINGTON RD

Address

JACKSONVILLE, FL 32223

City, State & Zip

(904) 463-7244

Daytime Telephone number

### FONTAINE45@CLEARWIRE.NET

E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

12423 FLEMINGTON RD

ADAM FONTAINE

JACKSONVILLE. FL 32223

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

ADAM FONTAINE 12423 FLEMINGTON RD JACKSONVILLE, FL 32223

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

quired Signature Registered Agent

2/24/15 Date

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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document tofflix Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

an red Signature Incorporator

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