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COVER LETTER

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

SUBJECT: NORTH FLORIDA RESTAURANT CONSULTING, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ADAM FONTAINE
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.

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

ARTICLE I NAME NORTH FLORIDA RESTAURANT CONSULTING, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12434 FLEMINGTON RD

JACKSONVILLE, FL 32223

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM FONTAINE PRES

Address: 12434 FLEMINGTON RD

JACKSONVILLE, FL 32223

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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:

ADAM FONTAINE

Name: _____

12423 FLEMINGTON RD

Address: _____

JACKSONVILLE, FL 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADAM FONTAINE

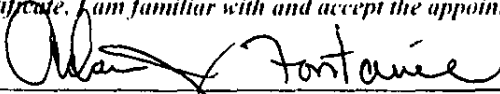
Name: _____

12423 FLEMINGTON RD

Address: _____

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, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Required Signature Registered Agent

2/24/15

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

2/24/15

Date