

P/5000047685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

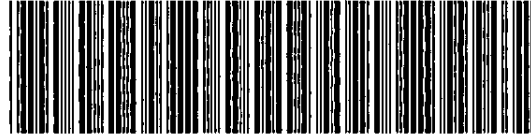
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01052--008 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 26 AM 10:56

APPROVED
AND
FILED

11/11

COVER LETTER

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

SUBJECT: A TASTE OF MY ISLAND 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: Ivette Acevedo

Name (Printed or typed)

34649 Birchmont Lane

Address

Zephyrhills, Florida 33541

City, State & Zip

813-263-8078

Daytime Telephone number

jaygablove@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)

APPROVED
AND
FILED

15 MAY 26 AM 10:56

ARTICLE I NAME

The name of the corporation shall be: A TASTE OF MY ISLAND INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34649 Birchmont Lane

Zephyrhills, Florida 33541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Opening a Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ivette Acevedo /President

Name and Title: _____

Address 34649 Birchmont lane

Address: _____

Zephyrhills, Florida 33541

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 MAY 26 AM 10: 56

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Ivette Acevedo

Address: 34649 Birchmont Lane

Zephyrhills, Florida 33541

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ivette Acevedo

Address: 34649 Birchmont Lane

Zephyrhills, Florida 33541

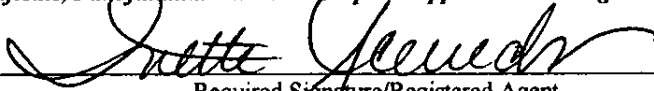
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/20/15
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

5/20/15
Date