P15.000047925

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

Office Use Only



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PILED 2015 MAY 28 PM 3: 29 CHORATARY CONSTRUCTION TO ANALYSISE OF GROUP

6/29 cm

COVER LETTER

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

SUBJECT: BIG T	ONY'S PUB 44, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	*	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
3/8	2 W GULF TO LAKE HWY	Address	
LE	CANTO, FL 34461	Address	
	City	, State & Zip	
352	-601-1472		
	Daytime 7	Telephone number	
pric	eco@pricecpa.com		
	F-mail address: (to be use	d 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)

	NCIPAL OFFICE		
82 W GULF TO I	Principal street address	Mailing a	ddress, if different is:
ECANTO, FL 3440			
RTICLE III PUR ne purpose for which	PPOSE Any and all the corporation is organized is: Any and all the corporation is organized is:	l lawful business.	
	7034		
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RTICLE IV SHA	<u>IRES</u> 1000		
ne number of shares	of stock is:		āu o
	TIAL OFFICERS AND/OR DIRECTORS		
Name and T	itle: ANTHONY J RUGGIERO, President	Name and Title:	
Address		rame and rate	
Address	6791 W ROSEDALE DR	A 11	
Address		A 11	
Address	6791 W ROSEDALE DR	A 11	
Address	6791 W ROSEDALE DR	A 11	
	6791 W ROSEDALE DR HOMOSASSA FL 34448	Address:	
Name and Ti	6791 W ROSEDALE DR HOMOSASSA FL 34448	Address:	
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Name and Ti Address Name and Ti	6791 W ROSEDALE DR HOMOSASSA FL 34448	Address: Name and Title: Address: Name and Title:	
Name and Ti	6791 W ROSEDALE DR HOMOSASSA FL 34448	Address: Name and Title: Address: Name and Title: Address:	

Name a	nd Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	alla Safata and a safata and a safata
Name:	Florida street address (P.O. Box NOT accept ANTHONY J RUGGIERO	able) of the registered agent is:
Address:	6791 W ROSEDALE DR	
	HOMOSASSA FL 34448	*****
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	ANTHONY J RUGGIERO	
Address:	6791 W ROSEDALE DR	
	HOMOSASSA FL 34448	
Effective date, i		. (OPTIONAL) I cannot be more than five business days prior or 90 business
Note: If the dat the document's	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as ecords.
Having been na this certificate,	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the place designated in It as registered agent and agree to act in this capacity
19	1//1/1/25	5-26-15
	Required Signature/Registered Age	26-15 Date
		ein are true. I am aware that the fulse information submitted in a
document to the	Department of State constitutes a third degree	ee felony as provided for in s.817.155, F.S.
	L'ANZ	5:26-15
Requ	ired Signature/Incorporator	Date