

P15000049819

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Laura Lenard gave
permission to remove
the % symbol from
shares

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SECRETARY OF STATE
RECEIVED
JUN 4 2015

2015 JUN -4 P 1:04

FILED

JUN - 9 2015

T SCHROEDER

COVER LETTER

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

SUBJECT: Bonita Plaza Pizza, Corp.

(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

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Laura Lenard

Name (Printed or typed)

62 8th Street

Address

Bonita Springs, FL 34134

City, State & Zip

(810)814-6366

Daytime Telephone number

sharkyspizzapub@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Bonita Plaza Pizza, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

62 8th Street

Bonita Springs, FL 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Restaurant business. Selling pizza, wings, soups, salads, sandwiches, appetizers, desserts, beverages, etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Lenard / President

Name and Title: _____

Address 62 8th Street

Address: _____

Bonita Springs, FL 34134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2015 JUN 24 P 1:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Name: Laura Lenard
Address: 62 8th Street
Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

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

Name: Laura Lenard
Address: 62 8th Street
Bonita Springs, FL 34134

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2015 JUN -14 P 1:05
DEPARTMENT OF STATE
HALLANDALE BEACH, FLORIDA

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

06/01/2015

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

06/01/2015

Date