

P15000071699

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/31/15

COVER LETTER

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

SUBJECT: Peggy O's 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: Peggy O's Inc
Name (Printed or typed)

1026 Florida Ave
Address

Palm Harbor, FL 34683
City, State & Zip

727 787-7734
Daytime Telephone number

poneilsirishpub@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: Peggy O's Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1026 Florida Ave

Palm Harbor, FL 34683

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: operate a full service restaurant.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tamara L Helms P,S

Name and Title: _____

Address 2059 Gary Court

Address: _____

Palm Harbor, FL 34683

Name and Title: Adam S Gully VP

Name and Title: _____

Address 3919 Orchard Hill

Address: _____

Palm Harbor, FL 34684

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:

Name: Ted L Freidinger

Address: 1114 Florida Ave, Suite B

Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

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

Name: Tamara L Helms

Address: 2059 Gary Court

Palm Harbor, FL 34683

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TALLAHASSEE, FLORIDA

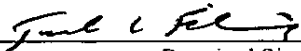
ARTICLE VIII EFFECTIVE DATE:

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

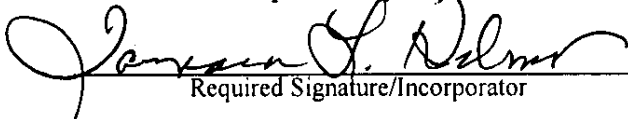


Required Signature/Registered Agent

8/20/15

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

8-20-15

Date