

P15000086145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

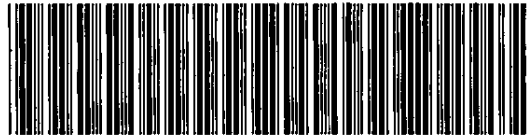
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TALLAHASSEE, FLORIDA

I Burch OCT 20 2015

COVER LETTER

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

SUBJECT: BRUNO BEAR CAFE 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

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

FROM: MITCHELL GOLDIN

Name (Printed or typed)

7913 LOWER PURSE CIR.

Address

ORLANDO, FLORIDA 32827

City, State & Zip

732-580-8147

Daytime Telephone number

MITCHGOLDIN@MAC.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: BRUNO BEAR CAFE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1569 SAXON BLVD.

DELTONA FL. 32725

Mailing address, if different is:

Bruno Bear Cafe Corp. c/o Mitchell Goldin

7913 Lower Purse Cir.

Orlando, Fl 32725

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MITCHELL GOLDIN, PRESIDENT

Address 7913 LOWER PURSE CIR.
ORLANDO, FLORIDA 32827

Name and Title: APOLINAR GARCIA, VP

Address: 719-8 ZLOTKIN CIRCLE
FREEHOLD, N.J. 07728

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: MITCHELL GOLDIN,
Address: 7913 LOWER PURSE CIR.
ORLANDO, FLORIDA 32827

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MITCHELL GOLDIN
Address: 7913 LOWER PURSE CIR.
ORLANDO, FLORIDA 32827

ARTICLE VIII EFFECTIVE DATE: OCTOBER 7, 2015

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

Date 10/7/15

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

Date 10/7/15