

PIS D000 86643

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(Business Entity Name)

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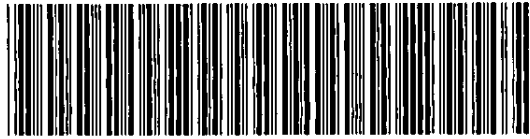
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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RECEIVED
DEPARTMENT OF REVENUE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 21 PM 4:37

APPROVED
AND
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COVER LETTER

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

SUBJECT: Tallahassee Pizza + Pasta Systems, 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: Adrian Middleton, Esq.
Name (Printed or typed)

227 E. 6th Ave
Address

Tallahassee FL. 32303
City, State & Zip

850 728 2465
Daytime Telephone number

adrian@middletonandmiddleton.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: Tallahassee Pizza & Pasta Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1 Kerry Forest Parkway
Tallahassee FL 32312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Elkins President Name and Title: _____

Address 1 Kerry Forest Parkway Address: _____
Tallahassee FL 32312

Name and Title: Grant McMurry (VP) Name and Title: _____

Address 608 E. Club Circle Address: _____
Longwood FL 32779

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 OCT 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V
AND
FILED

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: Adrian Middleton, Esq

Address: 227 E. 6th Ave
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

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

Name: Adrian Middleton, Esq

Address: 227 E 6th Ave
Tallahassee FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/21/15 (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

10/21/15
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

10/21/15
Date