

P1500087674

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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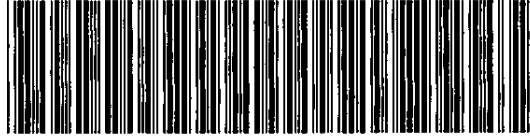
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 19 PM 1:50

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: CUBANOZ, 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: KENNETH LAMAR BRYAN, JR.

Name (Printed or typed)

180 EAST STATE ROAD 46

Address

GENEVA, FLORIDA 32732

City, State & Zip

407-921-4675

Daytime Telephone number

KEN@CUBANOZ.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 OCT 19 PM 1:50

ARTICLE I NAME

The name of the corporation shall be: CUBANOZ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

180 EAST STATE ROAD 46

GENEVA, FLORIDA 32732

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOOD SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH L BRYAN, JR., PRESIDENT

Name and Title: _____

Address 180 EAST STATE ROAD 46

Address: _____

GENEVA, FLORIDA 32732

Name and Title: JUANITA SULLIVAN-BRYAN, V-PRES

Name and Title: _____

Address 180 EAST STATE ROAD 46

Address: _____

GENEVA, FLORIDA 32732

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 OCT 19 PM 1:50
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: KENNETH L. BRYAN, JR.
Address: 180 EAST STATE ROAD 46
GENEVA, FLORIDA 32732

ARTICLE VII INCORPORATOR

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

Name: KENNETH L. BRYAN, JR.
Address: 180 EAST STATE ROAD 46
GENEVA, FLORIDA 32732


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

 Kenneth L. Bryan, Jr. 10/14/15
Required Signature/Registered Agent 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.

 Kenneth L. Bryan, Jr. 10/14/15
Required Signature/Incorporator Date