

PI5000094161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

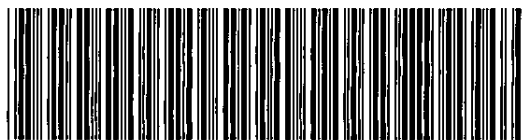
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 NOV 23 AM 9:37
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ARTICLE
FILED
15 NOV 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 23 2015
T SCHROEDER

COVER LETTER

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

SUBJECT: Commercial Restaurant Service Solutions 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: Eric Nelson Hill

Name (Printed or typed)

5096 Tennessee Capital Blvd

Address

Tallahassee, Florida 32303

City, State & Zip

850-421-1211

Daytime Telephone number

crss.gwen.bookkeeper@gmail.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: Commercial Restaurant Service Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5096 Tennessee Capital Blvd.
Tallahassee FL 32303

5096 Tennessee Capital Blvd
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Nelson Hill President

Name and Title: William Stephens Vice President

Address 18445 Bloxham Cutoff
Tallahassee, Florida 32310

Address: 4576 Yellow Bird Trail
Tallahassee, Florida 32310

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

FILED
7:00
4-11-2023

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: Eric Nelson Hill
Address: 18445 Bloxham Cutoff
Tallahassee, Florida 32310

ARTICLE VII INCORPORATOR

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

Name: Eric Nelson Hill
Address: 5096 Tennessee Capital Blvd.
Tallahassee, Florida 32303

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SECRETARY OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-20-2015. (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

Eric Nelson Hill
Required Signature/Registered Agent

11-23-15
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.

Eric Nelson Hill
Required Signature/Incorporator

11-23-15
Date