

PIS 000100919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

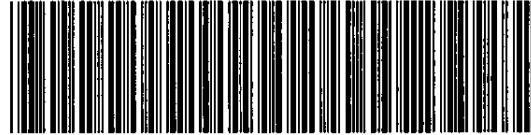
(Document Number)

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15 DEC 14 PM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-23-15  
EB

## COVER LETTER

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

**SUBJECT:** TROPICAL EATS 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:** Dhairya Chaudhari  
Name (Printed or typed)

2631 SW 118th Terrace  
Address

Gainesville, FL 32608  
City, State & Zip

352-275-4178  
Daytime Telephone number

drc2584@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: TROPICAL EATS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2631 SW 118th Terrace

Gainesville, FL 32608

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Opening a new restaurant.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vipul Chaudhari - President

Address 2631 SW 118th Terrace

Gainesville, FL 32608

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dhairya Chaudhari - Vice President

Address 2631 SW 118th Terrace

Gainesville, FL 32608

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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15 DEC 14 PM 4:09  
SECRETARY OF STATE  
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: Dhairya Chaudhari  
Address: 2631 SW 118th Terrace  
Gainesville, FL 32608

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**ARTICLE VII INCORPORATOR**

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

Name: Dhairya Chaudhari  
Address: 2631 SW 118th Terrace  
Gainesville, FL 32608

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/7/2015 (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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

12/7/2015  
\_\_\_\_\_  
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

12/7/2015  
\_\_\_\_\_  
Date