

P16000008163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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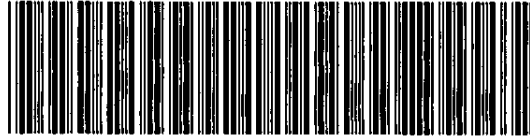
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan JAN 28 2016

COVER LETTER

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

SUBJECT: Jersey Cafe 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: Jersey Cafe
Name (Printed or typed)

12993 Cortez Blvd.
Address

Brooksville FL 34613
City, State & Zip

352-596-1424 or 352-238-0916
Daytime Telephone number

N/A
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:

Jersey Cafe Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12993 Cortez Blvd.
Brooksville FL 34613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Cuce Director

Name and Title: Valerie Cuce Director

Address

12993 Cortez Blvd
Brooksville FL 34613

Address:

12993 Cortez Blvd
Brooksville FL 34613

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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:

Joseph Cuce

Address:

12993 Cortez Blvd
Brooksville FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Joseph Cuce

Address:

12993 Cortez Blvd
Brooksville FL 34613

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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

Joseph Cuce
Required Signature/Registered Agent

1/15/16
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.

Joseph Cuce
Required Signature/Incorporator

1/15/16
Date