

P16000015604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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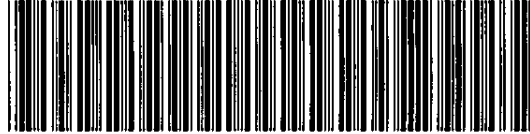
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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02/13/16

COVER LETTER

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

SUBJECT: Charlie's Cafe 790 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: Charles Mullecker Sr

Name (Printed or typed)

4609 Mourning Dove Dr

Address

Merritt Island, Florida 32953

City, State & Zip

305-304-6199

Daytime Telephone number

excellcoatingsso@bellsouth.net

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: Charlie's Cafe 790 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
790 Mullet Dr
Port Canaveral
Florida 32920

Mailing address, if different is:
4609 Mourning Dove Dr
Merritt Island
Florida 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Coffee Shop/Lunch

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Mullecker Sr. Pres.

Address 4609 Mourning Dove Dr
Merritt Island
Florida 32953

Name and Title: Charles Mullecker Jr. V-Pres

Address: 2255 Queen Anne St.
Merritt Island
Florida 32952

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
16 FEB -8 PM 2:18

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: Charles Mullecker Sr

Address: 4609 Mourning Dove Dr

Merritt Island, Florida 32953

ARTICLE VII INCORPORATOR

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

Name: Charles Mullecker Sr

Address: 4609 Mourning Dove Dr

Merritt Island, Florida 32953

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

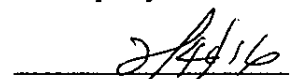
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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




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.



Required Signature/Incorporator



Date