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| (Requ | estor's Name) | | |
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| (Addre | ess) | | |
| (Addre | ess) | | |
| (City/S | State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busir | ess Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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EFFECTIVE DATE

2016 MAR -7 PH 3: 3L
SECRETARY OF STATE
TALL ANASSES FLORING

MAR 1 6 2016

T. BROWM

COVER LETTER

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

| SUBJECT: | (PROPOSED CORPO | RATE NAME – <u>MUST INCL</u> | UDE SUFFEX) |
|----------------------|----------------------------------|----------------------------------------------------|-------------------------|
| Enclosed are an | original and one (1) copy of the | articles of incorporation and | d a check for: |
| ☐ \$70.4 Filing F | | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| | Guy Beekman | <u> </u> | |
| FROM | | me (Printed or typed) | |
| | 6731 Magnolia Ln. | | |
| | Fort Myers, Fl 33966 | Address | |
| | Ci | ty, State & Zip | |
| | 239-936-1118 | | |
| | Daytimo | Telephone number | |
| | gbeekl@embarqmail.com | | |
| | E-mail address: (to be u | sed 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)

| | NAME Birdie's Real Pizza Incorporation shall be: | nc. | |
|-----------------------------|--------------------------------------------------|-----------------------------------------|---------------------------------------|
| ARTICLE II 6731 Magnolia I | PRINCIPAL OFFICE Principal street address | 1 | Mailing address, if different is 200 |
| | 33966 | | 0, |
| ARTICLE III The purpose for | PURPOSE which the corporation is organized is: | provide food service. | EFFECTIVE DATE |
| | | | |
| | | | |
| | SHARES 100 pares of stock is: | | |
| Name a | nd Title: Guy Beekman, President | Name and Title: | Sarah Beekman, Secretary |
| Address | 6731 Magnolia I n | Address: | 6731 Magnolia Ln. |
| 2 Kudi Cis | Fort Myers, Fl 33966 | *************************************** | Fort Myers, Fl 33966 |
| Name an | nd Title: | Name and Title: | |
| Address | | Address: | |
| | | | |
| Name an | d Title: | Name and Title: | |
| Address | | Address: | · · · · · · · · · · · · · · · · · · · |
| | | | |

| Name a | and Title: Name and Title: | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Addre | ss Address: | |
| | | |
| | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the registered agen | nt in- |
| Name: | Guy Beekman | IL 15. |
| Address: | 6731 Magnolia Ln. | · |
| | Fort Myers, Fl 33966 | |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | Guy Beekman | |
| Address: | 6731 Magnolia Ln. | |
| | Fort Myers, Fl 33966 | |
| | (OZ) April | |
| | if other than the date of filing: | ΓΙΟΝΑΙ.) |
| (If an effective | date is listed, the date must be specific and cannot be more than fiv | |
| the document's | ate inserted in this block does not meet the applicable statutory filing require effective date on the Department of State's records. State as registered agent to accept service of process for the above state. | ed corporation at the place designated i. |
| this certificate | I am familiar with and accept the appointment as registered agent and a | |
| | Required Signature/Registered Agent | 2/25/2016 Date |
| | ocument and affirm that the facts stated herein are true. I am aware to Department of State constitutes a third degree felony as provided for in | that the false information submitted in (|
| <u>_</u> | | 2/25/2016 |
| | uired Signature/Incorporator | Date |
| Co | ou Beekman | |