

P16000030460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

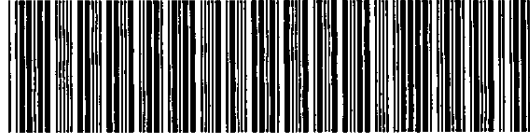
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLAHASSFE, FLORIDA

MD 4/6

COVER LETTER

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

SUBJECT: **WOW FRIED CHICKEN TAKE OUT, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **SONY FRANCOIS**
Name (Printed or typed)
823 NW 119 STREET
Address
MIAMI, FL 33168
City, State & Zip
305 417 1746
Daytime Telephone number
ejeudy68@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: WOW FRIED CHICKEN TAKE OUT, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

823 NW 119 Street

MIAMI FL 33168

Mailing address, if different

SAME

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MIAMI, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IT IS TO SELL THEIR FOOD, AND
HOPEFULLY PLEASE THE CUSTOMERS WITH AN ENJOYABLE MEAL
IN AN ENVIRONMENT WHERE THEY WILL CONFORTABLE WITH A
GOOD TEMPERATURE.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SONY FRANCOIS, President

Address: 823 NW 119th Street

Miami

FL 33168

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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:

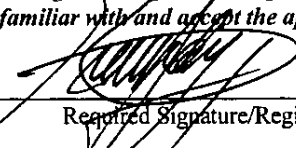
Name: EVELT JEUDY
Address: 1140 NE 163 STREET, STE 24
NORTH MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SONY FRANCOIS
Address: 823 NW 119 Street
Miami, FL 33168

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

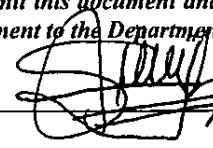


Required Signature/Registered Agent

03/24/2016

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

03/24/2016

Date

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TALLAHASSEE, FLORIDA