

P160000 36938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

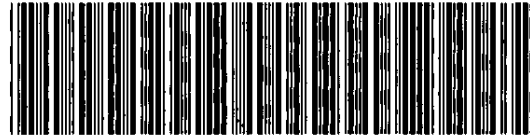
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/16--01011--001 **78.75

16 APR 21 AM 11:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

FILED
CORPORATE DIVISION
APR 21 AM 11:47
TALLAHASSEE, FLORIDA

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

SUBJECT: EATERY INVESTMENT GROUP II, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ADAM FONTAINE
Name (Printed or typed)
12434 FLEMINGTON RD
Address
JACKSONVILLE, FL 32223
City, State & Zip
(904)463-7244
Daytime Telephone number
whiskeyjax01@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

EATERY INVESTMENT GROUP II, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

950 MARSH LANDING PARKWAY

JACKSONVILLE BEACH, FL 32250

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is: _____

16 APR 21 AM 11:47
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM FONTAINE PRES Name and Title: _____

Address 12434 FLEMINGTON RD Address: _____
JACKSONVILLE, FL 32223

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: ADAM FONTAINE
 Address: 12434 FLEMINGTON RD
 JACKSONVILLE, FL 32223

FILED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 16 APR 21 AM 11:47

ARTICLE VII INCORPORATOR

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

Name: THOMAS FISHER
 Address: 88 OAKWOOD RD
 JACKSONVILLE BEACH, FL 32250

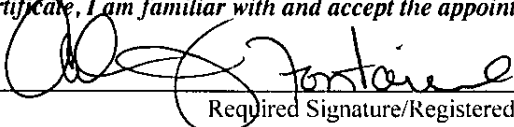
ARTICLE VIII EFFECTIVE DATE:

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.)

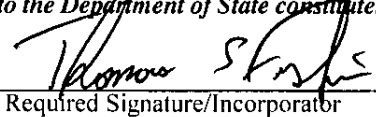
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/18/16
 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.


 Required Signature/Incorporator

04/18/16
 Date