

P16000037771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

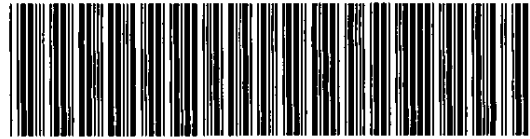
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/16--01042--013 **78.75

FILED
STATE
CLERK OF COURTS
16 APR 11 11:35

W16-027837

04/29/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2016

ADAM STEINMAN
5251 S. NOVA RD.
PORT ORANGE, FL 32127

SUBJECT: ADAM'S KITCHEN INC.
Ref. Number: W16000027837

We have received your document for ADAM'S KITCHEN INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000085570.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 216A00007759

DOC W16000027837 .

Good morning Mr. Thomas Chang .

I checked the website and I see rejected filing for Adam's Kitchen Inc. we were advised that the name is not available.

We would like to change the name to Adam's Kitchen Port Orange Inc. Enclosed please find another application with the update name ,

Please be advised that we have a EIN TIN # 471515691

The check was sent with our prior application . DOC W16000027837.

Thank you

ADAM STEINMAN

RECEIVED
APR 28 AM 11:06
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

DOC W 16000027837

COVER LETTER

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

SUBJECT: ADAMS' KITCHEN PORT ORANGE 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'S KITCHEN PORT ORANGE INC.

Name (Printed or typed)

5251 SOUTH NOVA ROAD

Address

PORT ORANGE FL 32128

City, State & Zip

386-872-5032

Daytime Telephone number

adamskitchenportorange@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: Adam's Kitchen Port Orange Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5251 SOUTH NOVA ROAD

5469 CARMODY LAKE DRIVE

PORT ORANGE FL 32127

PORT ORANGE FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROL STEINMAN - PRESIDENT

Name and Title: _____

Address 5469 CARMODY LAKE DRIVE

Address: _____

PORT ORANGE FL 32128

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
18 APR 28 AM 11:35
DIVISION OF CORPORATIONS

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 STEINMAN
Address: 5469 CARMODY LAKE DRIVE
PORT ORANGE FL 32128

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ARTICLE VII INCORPORATOR

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

Name: ADAM STEINMAN
Address: 5469 CARMODY LAKE DRIVE
PORT ORANGE FL 32128

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

4-20-2016
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

4-20-2016.
Date