

P16000042728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

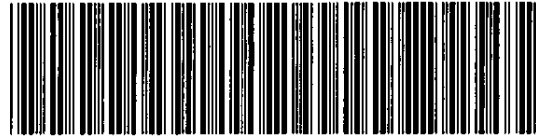
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DEPARTMENT OF STATE
16 MAY 18 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AND
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COVER LETTER

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

SUBJECT: Seafood Dinner's on Wheels, 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: Leman Ulee
Name (Printed or typed)

8605 Kingston Court
Address

Tallahassee Fla. 32311
City, State & Zip

(850) 274-6268
Daytime Telephone number

lema-Ulee@yahoo.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: Seafood Dinner's on wheels, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8605 Kingston Ct

" Same "

Tallahassee FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Seafood Business

ARTICLE IV SHARES

The number of shares of stock is 8,10,000

ARTICLE V INITIAL OF OFFICERS AND/OR DIRECTORS

Name and Title: Leman Ulee - President

Name and Title: _____

Address

8605 Kingston Court
Tallahassee FL 32311

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

16 MAY 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: Leman Ulee
Address: 8605 Kingston Ct
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

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

Name: Leman Ulee
Address: 8605 Kingston Ct
Tallahassee FL 32311

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

Leman Ulee 5/18/16
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.

Leman Ulee 5/18/16
Required Signature/Incorporator Date