

P16000047349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

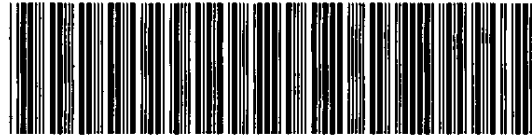
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000284975430

05/06/16--01024--015 \*\*87.50

FILED  
16 MAY 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan MAY-31-2016

## COVER LETTER

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

**SUBJECT:** Merritt Island SDI, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Mark Homer  
Name (Printed or typed)

504 W. 12th St.  
Address

Austin, TX 78701  
City, State & Zip

903-517-9849  
Daytime Telephone number

mcmh09@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2016

MARK HOMER  
504 W 12TH STREET  
AUSTIN, TX 78701

SUBJECT: MERRITT ISLAND SDI, INC.  
Ref. Number: W16000035562

We have received your document for MERRITT ISLAND SDI, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agents name must be listed exactly as it appears on DOS records.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 916A00010259

RECEIVED  
16 MAY 26 AM 11:27  
STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 MAY 26 PM 3:50

**ARTICLE I NAME**

The name of the corporation shall be: Merritt Island SDI, Inc

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

504 W. 12th St.

Austin, TX 78701

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fast Food Restaurant, dba Sonic Drive In

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark Homer, President

Name and Title: \_\_\_\_\_

Address 504 W. 12th St.

Address: \_\_\_\_\_

Austin, TX 78701

Name and Title: Eddie Clement, Vice President

Name and Title: \_\_\_\_\_

Address 1849 Lamar Ave.

Address: \_\_\_\_\_

Paris, TX 75460

Name and Title: Mandeep Chatha, Sec/Treasurer

Name and Title: \_\_\_\_\_

Address 504 W. 12th St.

Address: \_\_\_\_\_

Austin, TX 78701

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: C T CORPORATION SYSTEM

Address: 1200 South Pine Island Road, Ste. 250  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Mark Homer

Address: 504 W. 12th St.  
Austin, TX 78701

16 MAY 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2016. (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*

Madonna Cuddihy/Assistant SEC.  
Required Signature/Registered Agent

05/01/2016  
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.*

Mark Homer  
Required Signature/Incorporator

05/01/2016  
Date