## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION CROWLEY'S KITCHEN, INC.

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Corporate Filing Menu

Help

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

ARTICLE I NAME The name of the corpora		EN, INC.	
·			
ARTICLE II PRIN	Principal street address		
650 N HWY 27			
MINNEOLA, FL 3471	5		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:		
			<b>a</b> Per
ARTICLE IV SHAR. The number of shares of	ES 1,000		
The number of shares of	SIDER IS.	<del></del>	-
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
Name and Title	JOHN CROWLEY - DIR & PRES	Name and Title:	
Address	1290 N RIDGE BLVD., APT 3412	Address:	
Addiess	CLERMONT, FL 34711	Address.	<del> </del>
Name and Title:		Name and Title:	
Address		Address:	
			<u> </u>
Name and Title:		Name and Title:	····
Address	···	Address:	

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PERFECTION PRINTING

PAGE 01

Address:  Address:  Address:  DEN REGISTERED ACENT The game and Klorida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  JOHN CROWLEY  L290 N RIDGE ELVD., APT 3412  CLERMONT, FL 34711  ARTICLE VII INCORPORATOR The name and address of the incorporator is:  Name:  JOHN CROWLEY  Address:  L290 N RIDGE BLVD., APT 3412  CLERMONT, FL 34711  CIERMONT, FL 34711  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date unust 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 standary filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  Reving been named as registered agent to accept service of process for the above stated corporation at the place designated in filth with good accept the appointment as registered agent and agree to act in this capacity  According to the date of the date of the appointment as registered agent and agree to act in this capacity  Required Signature fregistered Agent  Laubmit that document and affirm that the foots stated herein are true. I am aware that the folts information submitted in a document to the Department of State constitutes a third dures felony as provided for in s.217.155, P.S.	Name :	and Title:	Name and Tide:	
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