

P160000068503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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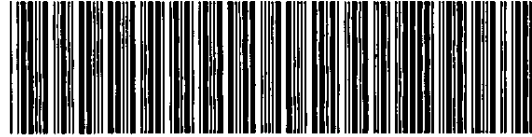
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FL 32301
7/11/16
8/19/16

COVER LETTER

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

SUBJECT: CULLEN FRANCHISING, ~~Corp.~~ ^{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: TERESA CULLEN

Name (Printed or typed)

124 N.W. 14TH STREET

Address

CAPE CORAL, FL 33993

City, State & Zip

239-691-9087

Daytime Telephone number

CULLENFRANCHISING@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: CULLEN FRANCHISING, ~~CORP.~~ ^{Inc.} *JP*

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

124 NW 14TH STREET

CAPE CORAL, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL BUSINESS AS A FOR PROFIT CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES P. CULLEN, PRESIDENT

Name and Title: _____

Address 124 NW 14TH STREET

Address: _____

CAPE CORAL, FL 33993

Name and Title: DREW CULLEN, VICE PRESIDENT

Name and Title: _____

Address 124 NW 14TH STREET

Address: _____

CAPE CORAL, FL 33993

Name and Title: TERESA CULLEN, C.E.O.

Name and Title: _____

Address 124 NW 14TH STREET

Address: _____

CAPE CORAL, FL 33993

SECRET
16 AUG - 1 AM 8:53
TALLAHASSEE, FLA.

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: TERESA CULLEN
Address: 124 NW 14TH STREET
CAPE CORAL, FL 33993

ARTICLE VII INCORPORATOR

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

Name: JAMES P. CULLEN
Address: 124 NW 14TH STREET
CAPE CORAL, FL 33993

16 AUG -11 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/15/2016 (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

Teresa Cullen 7/15/2016
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.

James P Cullen 7/15/2016
Required Signature/Incorporator Date
James P Cullen