

P/600082567

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2016 OCT 13 10 13 AM

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M. MOON
OCT - 8 2016

COVER LETTER

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

SUBJECT: QWEENIES HOT DOGS, 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

16 OCT -6 AM 10:32

FROM: KIM MARIE DAVIS
Name (Printed or typed)

420 NW 48 STREET
Address

OAKLAND PARK FL 33309
City, State & Zip

954-609 3784
Daytime Telephone number

KIMDAVIS09@comcast.net
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: QWEENIES HOT DOGS, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

420 N.W. 48 ST
OAKLAND PK FL 33309

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPEN A HOT DOG BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIM MARIE DAVIS

President
Name and Title: _____

Address

420 NW 48 ST
OAKLAND PK FL
33309

Address: _____

Name and Title:

ASHLYN DAVIS

DIRECTOR
Name and Title: _____

Address

420 NW 48 ST
OAKLAND PK FL
33309

Address: _____

Name and Title:

ELAINE VASQUEZ

DIRECTOR
Name and Title: _____

Address

2010 NE 59 Place
FT LAUD FL 33308

Address: _____

6 OCT - 6 AM 10:32

Name and Title: KAITLYN DAVIS *Dredger* Name and Title: _____
Address: 420 NW 48 ST Address: _____
Oak PK FL 33309 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KIM DAVIS
Address: 420 NW 48 ST
FT LAUD FL 33309

16 OCT - 6 AM 10:32

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIM DAVIS
Address: 420 NW 48 ST
OAK PK FL 33309

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.)

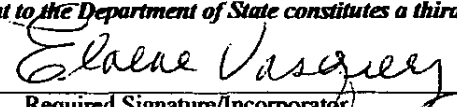
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/2/2016
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

10/2/2016
Date