

P/60000 84428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

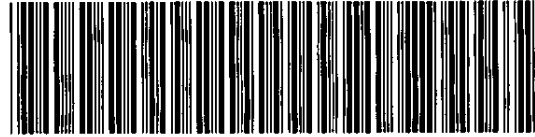
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 OCT 19 PM 4:25

COVER LETTER

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

SUBJECT: Sloppy JOES & MAC and Cheese BAR 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: Queneller Clark
Name (Printed or typed)

1228 W. University Ave.
Address

Gainesville, Florida 32601
City, State & Zip

(352) 727 - 7297
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SLOPPY JOES & MAC and Cheese BAR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1228 W. UNIVERSITY AVE
GAINESVILLE, FL. 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO ALL LEGAL BUSINESS
IS THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JADA CLARK - MGR

Name and Title: _____

Address 1228 W. UNIVERSITY AVE

Address: _____

GAINESVILLE, FL. 32601

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 19 PM 4:40

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: JADA CLARK
Address: 1228 W. University Ave
Gainesville, FL 32601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JADA CLARK
Address: 1228 W. University Ave
Gainesville, FL 32601

SECRET
TALLAHASSEE, FLORIDA

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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

Jada Clark
Required Signature/Registered Agent

10.19.2016
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.

Jada Clark
Required Signature/Incorporator

10.19.2016
Date