

P 17000034950

(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



000297553520

000297553520
04/18/17--01001--020 **70.00

RECEIVED
DEPARTMENT OF STATE
17 APR 18 PM 2:15

FILED
2017 APR 18 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
APR 19 2017

COVER LETTER

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

SUBJECT: OSPREY PIZZA, 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: VOIGT LAW GROUP, P.A.

Name (Printed or typed)

2042 BEE RIDGE ROAD

Address

SARASOTA, FL 34239

City, State & Zip

941-925-2324

Daytime Telephone number

mommyof2puntonio@hotmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 18 AM 7:58

FILED

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)

FILED

ARTICLE I NAME OSPREY PIZZA, INC.
The name of the corporation shall be: _____

2017 APR 18 AM 7:58

ARTICLE II PRINCIPAL OFFICE
Principal street address
2990 ARGYLE ROAD
VENICE, FL 34293

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: _____

ARTICLE III PURPOSE ANY LAWFUL PURPOSE.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHALANE SUTHERLAND	Name and Title: PVST
Address: 2990 ARGYLE ROAD	Address: _____
VENICE, FL 34293	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: CHALANE SUTHERLAND
Address: 2990 ARGYLE ROAD
VENICE, FL 34293

FILED
2017 APR 18 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: CHALANE SUTHERLAND
Address: 2990 ARGYLE ROAD
VENICE, FL 34293

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 days prior or 90 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

CHALANE SUTHERLAND 04-17-2017

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.

CHALANE SUTHERLAND 04-17-2017

Required Signature/Incorporator Date