

P/7000068747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

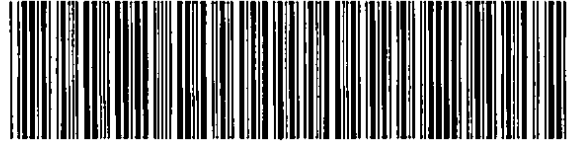
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302498688

08/15/17--01024--001 **78.75

✓ 08/16/17

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0366

Email: tntr11@bellsouth.net

Web: thursonaccounting.com

August 14, 2017

RE: P11000012491

Chicken Koop Café of Duval Inc.

Attn: Robin C. Abraham

2083 Edgewood Avenue W.

Jacksonville, FL 32208

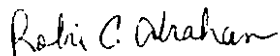
To Whom This May Concern,

The above referenced individual Mr. Robin C. Abraham is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Robin C. Abraham - President

COVER LETTER

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

SUBJECT: CHICKEN KOOP CAFE OF DUVAL 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: ROBIN C ABRAHAM
Name (Printed or typed)
4239 HOME ROAD SOUTH
Address
JACKSONVILLE, FL 32209
City, State & Zip
904-764-7717
Daytime Telephone number
TNTRLT1@BELLSOUTH.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: CHICKEN KOOP CAFE OF DUVAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2083 EDGEWOOD AVENUE W

JACKSONVILLE, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBIN C ABRAHAM - PRESIDENT

Name and Title: GREGORY B BLUE - VICE PRESIDENT

Address 4239 HOME ROAD SOUTH

Address: 2083 EDGEWOOD AVENUE W

JACKSONVILLE, FL 32209

JACKSONVILLE, FL 32208

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: ROBIN C ABRAHAM _____

Address: 4239 HOME ROAD SOUTH _____

JACKSONVILLE, FL 32209 _____

ARTICLE VII INCORPORATOR

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

Name: TERENCE N THURSON _____

Address: 8672 PHILIPS HIGHWAY _____

JACKSONVILLE, FL 32256 _____

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.)

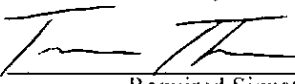
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____
Required Signature/Registered Agent

08/14/2017 _____
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

08/14/2017 _____
Date