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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Delmonico's Steakhouse, Inc.

Certificate of Status		1
Certified Copy		1
Page Count		04
Estimated Charge		\$87.50

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: DELMONICO'S STEAKHOUSE, 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: Bob Anderson
Name (Printed or typed)
151 N. Genesee Street
Address
Utica NY 13502
City, State & Zip
315 798-8830
Daytime Telephone number
bob@bigsteak24.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: DELMONICO'S STEAKHOUSE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal address
167 East Mitchell Hammock Road
Oviedo FL 32765

Mailing address, if different is:
151 North Genesee Street
Utica NY 13502

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Restaurant

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN WADE - PRESIDENT
Address: 151 NORTH GENESEE STREET
UTICA, NY 13502

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Corporate Creations Network Inc.
Address: 11380 Prosperity Farms Road #221 E
Palm Beach Gardens FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vera B. Ray
Address: Colby Attorneys Service Co., Inc.
111 Washington Ave., Suite 703
Albany, NY 12210

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

 Jenisa Irizarry, Special Secretary 9/29/17
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.

 Vera B. Ray 09/29/2017
Required Signature/Incorporator Date