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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 30 2018

## COVER LETTER

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

**SUBJECT:** FushiPoke. Co.

(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:** Tyler T. Fushikoshi  
Name (Printed or typed)

535 S. Palm Avenue  
Address

Sarasota, FL 34236  
City, State & Zip

941-726-4658  
Daytime Telephone number

FushiPokeSrq@gmail.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: FushiPoke, Co.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
535 S. Palm Avenue \_\_\_\_\_  
Sarasota, FL 34236 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Food Service  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Tyler T. Fushikoshi, President/Secretary</u>	Name and Title:	_____
Address	<u>535 S. Palm Avenue</u>	Address:	_____
	<u>Sarasota, FL 34236</u>		_____
	_____		_____

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

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

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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: David E. Gurley, Esq.  
 Address: 601 S. Osprey Avenue  
 Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tyler T. Fushikoshi  
 Address: 535 S. Palm Avenue  
 Sarasota, FL 34236

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 2, 2018 (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 3/21/18  
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 03/21/18  
Date