9/6/2018

Division of Corporations

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Division of Corporations

Pax 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 smail address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION WHISKEY JOE'S - MANATEE RIVER, INC.

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COVER LETTER

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

SUBJECT:	WHISK	EY JOE'S - MANATEE RIVER, D	vc.				
0020201,		(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are	an origi	inal and one (1) copy of the art	ticles of incorporation and	l a check fer:	_		
■ \$74 Filing		☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM	/i:	e Cantillo					
			(Printed or typed)				
	8191	E. Kalser Blvd.					
	A nah	:im, CA 92808	ddress				
		<u> </u>	State & Zip			<u>်</u> တ	
	714.27	29.6135	·		::	1 1 E.D	:
			lephone number			ים"	
	reanti	o@sremail.com				201	
		E-mail address: (to be used	for future annual report no	ification)	(2)	2: 2 5	٠.

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 II PRINCIPAL OFFICE Principal Street address			Malling address, if different is:
8191 E. Kaiser Blvd.			
naheim, CA 928	08		
RTICLE III PI he purpose for wh	URPOSE slich the corporation is organized is:	restaurant and banquet fac	illity
·		,	
<u>_</u>			
e number of share	s of slock is:	TO88	
RTICLE IV SHE mumber of share RTICLE V INI Name and The Address	TIAL OFFICERS AND/OR DIRECTIVE: John Tallichet - President 8191 E. Kaiser Blvd.	TORS Name and Ti	tle: Cecilia Tallichet - VP/Secretary
TICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTIVE: John Tallichet - President 8191 E. Kaiser Blvd.	TORS	tle: Cecilia Tallichet - VP/Secretary
Name and T	TIAL OFFICERS AND/OR DIRECTILE: John Tallichet - President 8191 E. Kaiser Blvd. Anaheim, CA 92808	Name and Ti	tle: Cecilia Tallichet - VP/Secretary 8191 E. Kalser Blvd. Anahelm, CA 92808
Name and Ti	TIAL OFFICERS AND/OR DIRECTILE: John Tallichet - President 8191 E. Kaiser Blvd. Anaheim, CA 92808	Name and Tit Name and Tit Name and Tit	tle: Cecilia Tallichet - VP/Secretary 8191 E. Kalser Blvd. Anahelm, CA 92808
Name and T	TIAL OFFICERS AND/OR DIRECTILE: John Tallichet - President 8191 E. Kaiser Blvd. Anaheim, CA 92808	Name and Tit Name and Tit Name and Tit	tle: Cecilia Tallichet - VP/Secretary 8191 E. Kalser Blvd. Anahelm, CA 92808
Name and Ti	TIAL OFFICERS AND/OR DIRECTILE: John Tallichet - President 8191 E. Kaiser Blvd. Anaheim, CA 92808	Name and Tit Name and Tit Name and Tit	tle: Cecilia Tallichet - VP/Secretary 8191 E. Kalser Blvd.
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTION Solar Tallichet - President 8191 E. Kaiser Blvd. Anaheim, CA 92808	Name and Tit Address: Name and Tit Address:	tle: Cecilia Tallichet - VP/Secretary 8191 E. Kalser Blvd. Anahelm, CA 92808

Name and Title:		Name and Title:		
Addr	ress	Address:		
		 -		
ARTICLE VI	REGISTERED AGENT PROFIDE STREET REGISTERS (P.O. Box NOT accept	ship) of the maintained annual in		
Name:	Paracorp Incorporated	apie) of the registered figent (5:		
Address:	155 Office Plaza Drive, 1st Floor			
	Tollahassee, FL 32301		70 B	
			13. O. S.	
ARTICLE VII	INCORPORATOR		-j	
The name and	address of the Incorporator is:		, sp	
Name:	John Tallichet			
Address:	8191 E. Kalser Blvd.		r)	
	Anaheim, CA 92808			
ARTICLE VIII Effective date is	EFFECTIVE DATE: f other than the date of filling:			
(If an effective	date is listed, the date must be specific and c	annot be more than five days prior	r or 90 days after the	
6.7				
Note: If the date the document's c	e Inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, thords.	ils date will not be listed as	
Having been not this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corporations registered agent and agree to act in	in at the place designated in	
	see attached agent consent form.	_	, ,	
	Required Signature/Registered Agent		Date	
Submit this doc	ument and affirm that the facts stated herein	are true. I am aware that the false	information submitted in a	
ر اسمر	Department of State constitutes a third degree f	etony as provided for in \$817.155, F	.s.	
Requi	red Signature/Incorporator		9/5/18	
			/ Date	

ţ

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 09/06/2018

ENTITY NAME: WHISKEY JOE'S - MANATEE RIVER, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated