

P1800091536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

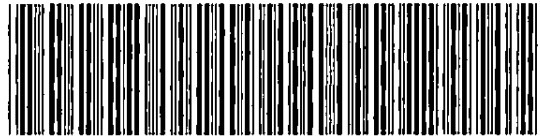
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M MOON
NOV 07 2018



000320619620

18 NOV -6 PM 12:46

11/07/18--01001--001 ♦♦78.75

12 NOV -6 PM 2:51
 DEPT. OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 WASHINGTON, D.C. 20535

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/6 Glinda

☒ **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

Articles

1. **JOEY RESTAURANT (AVENTURA) INC.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

18 NOV - 6 PM 12:10
F.I.I.

SUBJECT: _____
JOEY RESTAURANT (AVENTURA) 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: _____
Registered Agent Solutions, Inc. c/o Scott Kos

Name (Printed or typed)

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City, State & Zip

(888) 705-7274

Daytime Telephone number

SKos@rasi.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: JOEY RESTAURANT (AVENTURA) INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2400-1177 West Hastings St.

Vancouver, BC V6E 2K3 USA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which a cooperation may
be organized under the law of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey W. Fuller, Director

Address: 2400-1177 West Hastings St.

Vancouver, BC V6E 2K3 USA

Name and Title: Katherine Angus, Secretary/CFO

Address: 2400-1177 West Hastings St.

Vancouver, BC V6E 2K3 USA

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: Registered Agent Solutions, Inc. _____

Address: 155 Office Plaza Dr. Suite A _____

Tallahassee, FL 32301 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey W. Fuller _____

Address: 2400-1177 West Hastings St. _____

Vancouver, BC V6E 2K3 USA _____

NOV - 6 PM 12:46
ARTICLE VII

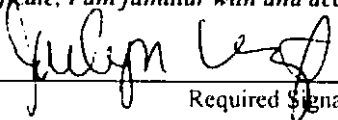
ARTICLE VIII EFFECTIVE DATE:

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:

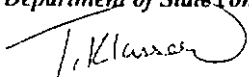


Jaclyn Wright, Asst. Secretary

Required Signature/Registered Agent

11/6/2018
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

November 6, 2018

Date