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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 FEB - 6 AM 11:33

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COVER LETTER

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

SUBJECT: Mema and Pa Pa's Food Hut 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: Tommy Price
Name (Printed or typed)

P.O. Box 180673
Address

Tallahassee FL 32318
City, State & Zip

(850) 518-4888
Daytime Telephone number

Price.t306@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: Mema and Papa's Food Hut Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5524 Sullivan Road
Tallahassee, FL 32310

Mailing address, if different is:
P.O. Box 180673
Tallahassee, FL
32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide Food Service

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy Price - President Name and Title: _____

Address: P.O. Box 180673 Address: _____
Tallahassee, FL
32318

Name and Title: V.P. Valerie Price Stewart Name and Title: _____

Address: P.O. Box 180673 Address: _____
Tallahassee, FL
32318

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Tommy Price

Address:

5524 Sullivan Road
Tallahassee, FL 32310

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CLERK of STATE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name:

Tommy Price

Address:

P.O. Box 180673
Tallahassee, FL 32318

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

Tommy Price

Required Signature/Registered Agent

02/06/2019
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.

Tommy Price

Required Signature/Incorporator

02/06/2019
Date