

P/190000039/09

(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



100328414381

05/02/19--01009--003 **70.00

FILED
2019 MAY -2 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: THIRSTY'S 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: THIRSTY'S INC

Name (Printed or typed)

309 SE 25TH TERRACE

Address

CAPE CORAL, FL 33990

City, State & Zip

239-560-2465

Daytime Telephone number

KATHLEEN@PARADISEINTLTAX.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: THIRSTY'S INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

309 SE 25TH TERRACE

CAPE CORAL, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PERTAINING TO
RESTAURANT

FILED
2019 MAY -2 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @1.00 PAR VALUE PE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JODY MCHOSE ST

Name and Title: _____

Address 309 SE 25TH TERRACE

Address: _____

CAPE CORAL, FL 33990

Name and Title: DANIEL MCHOSE

Name and Title: _____

Address 309 SE 25TH TERRACE

Address: _____

CAPE CORAL, FL 33990

Name and Title: _____

Name and Title: _____

Address _____

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: JODY MCHOSE
Address: 309 SE 25TH TERRACE
CAPE CORAL, FL 33990

FILED
2019 MAY -2 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: _____
Address: _____

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

Jody S. McHase
Required Signature/Registered Agent

4-26-19
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.

Jody S. McHase
Required Signature/Incorporator

4-26-19
Date