

P19000053945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

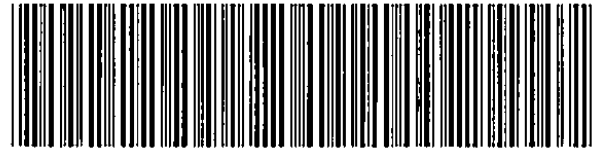
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 JUL 10 PM 4:42
2019 JUL 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2019

K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHICAGO PIZZ CO., INC

Signature _____

Requested by: BA

7/10/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____



Art of Inc. File _____



LTD Partnership File _____



Foreign Corp. File _____



L.C. File _____



Fictitious Name File _____



Trade/Service Mark _____



Merger File _____



Art. of Amend. File _____



RA Resignation _____



Dissolution / Withdrawal _____



Annual Report / Reinstatement _____



Cert. Copy _____



Photo Copy _____



Certificate of Good Standing _____



Certificate of Status _____



Certificate of Fictitious Name _____



Corp Record Search _____



Officer Search _____



Fictitious Search _____



Fictitious Owner Search _____



Vehicle Search _____



Driving Record _____



UCC 1 or 3 File _____



UCC 11 Search _____



UCC 11 Retrieval _____



Courier _____

COVER LETTER

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

SUBJECT: CHICAGO PIZZA CO., 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: KURJTIM ZEQUIRI
Name (Printed or typed)

238 Commercial Blvd.
Address

Lauderdale by the Sea., FL 33308
City, State & Zip

954-263-5574
Daytime Telephone number

zeqiri17@aol.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: CHICAGO PIZZA CO., INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

238 Commercial Blvd.

Lauderdale By the Sea, FL 33308

Mailing address, if different is:

238 Commercial Blvd.

Lauderdale By the Sea, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business transactions

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KUJTIM ZEQIRI, President/Secretary

Address 238 Commercial Blvd.

Lauderdale By the Sea, FL 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2019 JUL 10 AM 10:22
SECRETARY 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: KUJTIM ZEQRIRI
Address: 238 Commercial Blvd.
Lauderdale By the Sea, FL 33308

ARTICLE VII INCORPORATOR

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

Name: KUJTIM ZEQRIRI
Address: 238 Commercial Blvd.
Lauderdale By the Sea, FL 33308

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

Kujtim Zeqiri
Required Signature/Registered Agent

7-10-19
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.

Kujtim Zeqiri
Required Signature/Incorporator

7-10-19
Date