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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

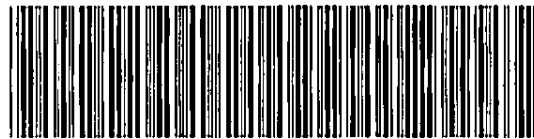
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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19 OCT 31 PM 6:12  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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NOV 21 2019

**STACY L ROSE**

*3244 Liberty Circle  
Jacksonville, FL 32206*

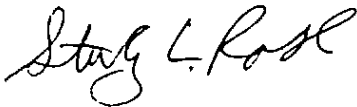
October 29, 2019

**RE: P18000010682  
Bar-B-Que Smoke-House Master Inc  
3244 Liberty Circle  
Jacksonville, FL 32206**

To Whom This May Concern,

The above referenced individual Mr. Stacy Rose is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,

A handwritten signature in black ink that reads "Stacy L. Rose". The signature is written in a cursive, flowing style.

Stacy L Rose - President

## COVER LETTER

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

**SUBJECT:** BAR-B-QUE SMOKE-HOUSE MASTER 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** STACY L ROSE  
\_\_\_\_\_  
Name (Printed or typed)

3244 LIBERTY CIRCLE  
\_\_\_\_\_  
Address

JACKSONVILLE, FL 32206  
\_\_\_\_\_  
City, State & Zip

904-764-7717  
\_\_\_\_\_  
Daytime Telephone number

TNTRLT1@BELLSOUTH.NET  
\_\_\_\_\_  
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: BAR-B-QUE SMOKE-HOUSE MASTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3244 LIBERTY CIRCLE

JACKSONVILLE, FL 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL RESTAURANT BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STACY L ROSE - PRESIDENT

Name and Title: \_\_\_\_\_

Address 3244 LIBERTY CIRCLE

Address: \_\_\_\_\_

JACKSONVILLE, FL 32206

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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19 OCT 31 PM 6:13  
SEC 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: Stacy L. Rose

Address: 3244 LIBERTY CIRCLE

JACKSONVILLE, FL 32206

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stacy L. Rose

Address: 3244 LIBERTY CIRCLE

JACKSONVILLE, FL 32206

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SECOND FLORIDA  
TALLAHASSEE, FL 32301

**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*

Stacy L. Rose

Required Signature/Registered Agent

10/29/19

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.*

Stacy L. Rose

Required Signature/Incorporator

10/29/19

Date