

PI9000088280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

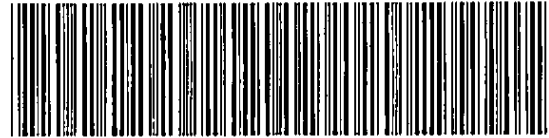
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500337452125

12/03/19--01001--004 **70.00

FILED
2019 DEC -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 DEC -2 PM 3:39

COVER LETTER

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

SUBJECT: C & C BAR-B-QUE, 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: M. YVETTE WILLIAMS
Name (Printed or typed)

831 OLD BAINBRIDGE RD
Address

TALLAHASSEE, FL 32304
City, State & Zip

(850) 224-6002
Daytime Telephone number

DVTEC@aol.com
E-mail address: (to be used for future annual report notification)

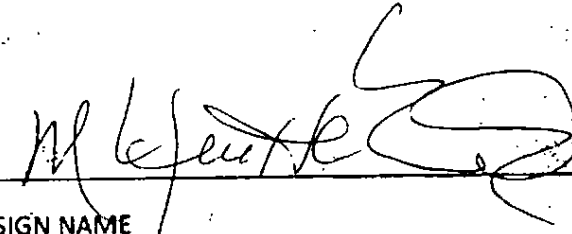
NOTE: Please provide the original and one copy of the articles.

I M. YVETTE WILLIAMS will not reinstate

C&C BAR-B-QUE INC

Document number P18000040170

And will file a new filing with the same name.


SIGN NAME

12/2/2019
DATE

FILED

2019 DEC -2 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: C & C BAR-B-QUE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

831 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32304

Mailing address, if different is:

630 W BREVARD ST
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

FILED
2019 DEC -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: M. YVETTE WILLIAMS PRES.

Name and Title: KENDAL WILLIAMS

Address 630 W. BREVARD ST.
TALLAHASSEE, FL 32304

Address: 831 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JP GOLDSMITH FINANCIAL SERVICES INC
Address: 644 W. BREVARD ST
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

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

Name: M. VIVETTE WILLIAMS
Address: 630 W. BREVARD ST
TALLAHASSEE, FL 32304

FILED
2019 DEC -2 PM 3:42
SECRETARY OF FINANCE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/1/2019. (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

[Signature] 1/19
Required Signature/Registered Agent
12/2/19
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.

[Signature]
Required Signature/Incorporator
12/2/2019
Date