

P20000001243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

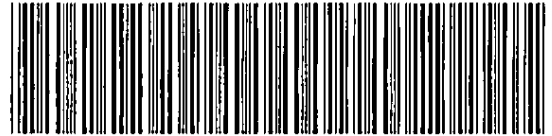
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600338696986

RECEIVED

2020 JAN -7 AM 10:56

1st DISTRICT COURT

FILED

2020 JAN -7 AM 9:03

SEC. OF STATE
TALLAHASSEE, FL

J. FASON

JAN 09 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 123915 8294959

AUTHORIZATION :



COST LIMIT : \$ 78.75

ORDER DATE : January 6, 2020

ORDER TIME : 9:46 AM

ORDER NO. : 123915-005

CUSTOMER NO: 8294959

DOMESTIC FILING

NAME: FAMILY BAGELS OF CORAL
SPRINGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME FAMILY BAGELS OF CORAL SPRINGS, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5906 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33076

ARTICLE III PURPOSE

RESTAURANT

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NEAL SCHATT, PRESIDENT

Address: 3 FORTE AVENUE
OLD BETHPAGE, NY 11804

Name and Title: STEVEN CORN, Vice President

Address: 11613 NW 81ST PLACE
PARKLAND, FL 33076

Name and Title: MATTHEW MOSKOWITZ, SECRETARY

Address: 17 ETON PLACE
PLAINVIEW, NY 11803

Name and Title: MICHAEL SCHATT, TREASURER

Address: 3 FORTE AVENUE
OLD BETHPAGE, NY 11804

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2020 JAN - 7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEAL SCHATT
Address: 5906 CORAL RIDGE DRIVE
Coral Springs, FL 33076

ARTICLE VIII EFFECTIVE DATE: UPON FILING

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

By: Roxanne Turner Roxanne Turner
Corporation Service Company Asst. Vice President
Required Signature/Registered Agent

1/7/20
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.

Neal Schatt
Required Signature/Incorporator

1/6/2020
Date