1/29/2020 Division of Corporations

P20000079053

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

20FEB-3 AM 11:46

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
BLACK SHEEP PIZZA, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

2020 FEB -3 PM 3:49 RECEIVED

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(H20000032907 3)

D O'KEEFE
FEB 0 1 2020

Thank You,

Kathy Long
1136 NE Pine Island Rd Ste 51
Cape Coral, Fl 33909

Mailing address:
1334 SE 3rd Street,
Cape Coral, Fl 33990

239-850-9451
psfb@comcast.net

(H20000329073)

COVER LETTER

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

SUBJECT: BLACK SHEEP PIZZA, 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: CALVIN THOMAS JOINER
Name (Printed or typed)

3802 TAMIAMI TRAIL EAST
Address

NAPLES, FL 34112
City, State & Zip

239-293-8156
Daytime Telephone number

REDSPIZZERIA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

(H20000329073)

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: BLACK SHEEP PIZZA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3802 TAMIAMI TRAIL EAST
NAPLES, FL 34112

Mailing address, if different is:
2795 DAVIS BLVD #1
NAPLES, FL 34104

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CALVIN THOMAS JOINER, PRES.
Address: 270 21ST STREET NW
NAPLES, FL 34120

Name and Title: SARAH MAJESTIC, V. PRES.
Address: 3802 TAMIAMI TRAIL EAST
NAPLES, FL 34112

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(H20000329073)

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: CALVIN THOMAS JOINER

Address: 2795 DAVIS BLVD #1

NAPLES, FL 34104

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CALVIN THOMAS JOINER

Address: 2795 DAVIS BLVD #1

NAPLES, FL 34104

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

_____ 01/29/2020

Required Signature/Registered Agent 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.

_____ 01/29/2020

Required Signature/Incorporator Date

(H20000329073)