

P2 00000010071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

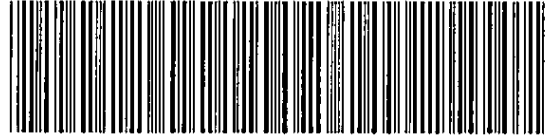
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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB -5 AM 10:22

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N CULLIGAN

FEB 6 2020

## COVER LETTER

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

**SUBJECT:** Fort Zachary Taylor Beach Grille 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:** API Processing - Licensing, Inc.  
Name (Printed or typed)

3419 Galt Ocean Drive, Suite A  
Address

Fort Lauderdale, FL 33308  
City, State & Zip

954/567-0013  
Daytime Telephone number

kathy@apiprocessing.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Fort Zachary Taylor Beach Grille Inc.

2020 FEB -5 AM 10: 22

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1107 Key Plaza, Box 519

Key West, FL 33040

SECRETARY OF STATE  
Mailing address, if different is: MISSISSIPPI, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Darrin N. Smith

Name and Title: Patrick J. Godsell

Address 1107 Key Plaza, Box 519

Address: 1107 Key Plaza, Box 519

Key West, FL 33040

Key West, FL 33040

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: API Processing - Licensing, Inc.  
Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, FL 33308

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: API Processing - Licensing, Inc.  
Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, 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*

Kathy B. Oram 2/3/20  
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.*

Kathy B. Oram 2/3/20  
Required Signature/Incorporator Date