

P200 00092427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

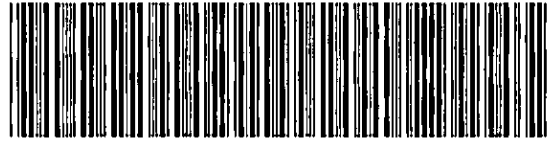
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600352858026

10/05/20--01029--017 **78.75

RECEIVED
20 NOV 16 PM 8:31
TALLAHASSEE, FLORIDA

D O'KEEFE

DEC 04 2020

W2-125435



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2020

JOSEPH R. TORNELLO
1710 SW 68 AVE.
PLANTATION, FL 33317

SUBJECT: CHILI LOVER'S INC
Ref. Number: W20000125435

*11/11/2020 -
Please see attached
requested.
Joseph R. Tornello*

20 NOV 16 PM 8:31
TALLAHASSEE, FLORIDA

We have received your document for CHILI LOVER'S INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong document was filed. Please complete the enclosed FOR PROFIT Articles and return. No additional fee is needed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 820A00021605

2020 NOV 16 PM 1:29

COVER LETTER

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

SUBJECT: CHILI LOVER'S, 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
ADDITIONAL COPY REQUIRED	

FROM: Joseph R. Torrella
Name (Printed or typed)

1710 SW 68 Avenue
Address

Plantation, FL 33317
City, State & Zip

(954) 792-3923
Daytime Telephone number

L.Rubino61@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Chili Lover's, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1710 SW 68th Ave
Plantation, FL 33317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling spices.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph R. Torcello, President Name and Title: _____

Address: 1710 SW 68th Ave Address: _____
Plantation FL 33317

Name and Title: Linda T. Rubino, Vice President Name and Title: _____

Address: 853 NW 80th Way Address: _____
Plantation, FL 33324

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
20 NOV 16 PM 8:31
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: Joseph R. Torrello

Address: 1710 SW 68th Ave
Plantation, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph R. Torrello

Address: 1710 SW 68th Ave
Plantation, FL 33317

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

Required Signature/Registered Agent

Sept. 30, 2020
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.

Required Signature/Incorporator

Sept. 30, 2020
Date

FILED
20 NOV 15 PM 8:31
TALLAHASSEE, FLORIDA