

P21 000051377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

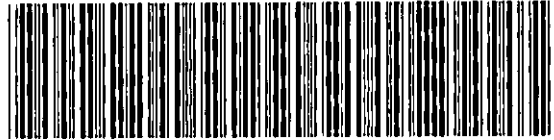
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TALLAHASSEE, FLORIDA

2021 JUN -2 PM 12:09

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

2021 JUN -2 AM 12:45

FILED

## COVER LETTER

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

SUBJECT: The Grit Sandwich Cafe 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: Sadeneia Rogers  
Name (Printed or typed)

1466 Silver Saddle Dr  
Address

Tall, FL 32310  
City, State & Zip

850 328 7360  
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles of incorporation and a check for:

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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:

The Grit Sandwich Cafe Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1230 Blountstown Street  
Tall, FL 32304

PO Box 20788  
Tall, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling and preparing food  
Culinary education

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Doris Simpson / Secretary

Address

1416 Silver Saddle Dr

Tall, FL 32310

Name and Title:

Breann Brown

Address:

1416 Silver Saddle Dr

Tall, FL 32310

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 JUN -2 AM 12:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED

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:

Donis Simpson

Address:

1414 Silver Saddle Dr  
Tallah, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Donis Simpson

Address:

1414 Silver Saddle Dr  
Tallah, FL 32310

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TALLAHASSEE, FLORIDA  
DEPT. OF STATE

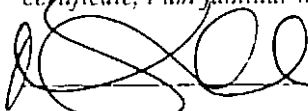
ARTICLE VIII EFFECTIVE DATE:

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

06/2/2021  
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

06/2/2021  
Date