

P21000098935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

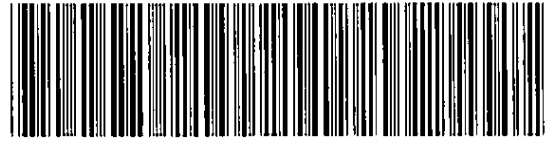
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/22/21--01003--018 **70.00

2021 NOV 22 AM 9:18

2021 NOV 22 AM 10:30

ALLAHABAD, INDIA

RECEIVED

COVER LETTER

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

SUBJECT: Tastee Turkey Leg with the Greenhouse 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:

Sheena Thompson
Name (Printed or typed)

1375 Pullen rd
Address

Tallahassee FL 32312
City, State & Zip

850 321-6661
Daytime Telephone number

SheenaAustin5th@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 Tastee Turkey Leg With the greenhouse Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2810 Sharer rd ste 27
Tallahassee FL 32312

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is restaurant

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. Sheena Thompson Name and Title: _____

Address: 1375 pulen rd Address: _____

at the
Tallahassee FL 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Sheena Thompson

Address: 1375 Pullen Rd
Tallahassee FL 32312

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sheena Thompson

Address: 1375 Pullen Rd
Tallahassee FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/22/21 (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

Sheena Thompson
Required Signature/Registered Agent

11/22/21
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.

Sheena Thompson
Required Signature/Incorporator

11/22/21
Date