

P220000 10674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

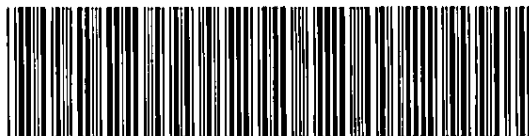
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TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Papa Willie's Bar + Grill, 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: Sarah H. Smith  
Name (Printed or typed)

4105 N Leconte Hwy  
Address

Beverly Hills, FL 34465  
City, State & Zip

(727) 389-4344  
Daytime Telephone number

Papa.williesbng@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: Papa Willies Bar + Grill, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4105 N Lecanto Hwy, Beverly Hills FL, 34465

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Willie Rae Bass, P Name and Title: \_\_\_\_\_

Address: 4105, N Lecanto Hwy Address: \_\_\_\_\_  
Beverly Hills, FL  
34465

Name and Title: Sarah H Smith, VP Name and Title: \_\_\_\_\_

Address: 4105, N Lecanto Hwy Address: \_\_\_\_\_  
Beverly Hills, FL  
34465

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: Sarah H. Smith

Address: 4105 N Lecanto Hwy,

Beverly Hills, FL 34465

**ARTICLE VII INCORPORATOR**

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

Name: Sarah H. Smith

Address: 4105 N Lecanto Hwy,

Beverly Hills, FL 34465

**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*

 Sarah H. Smith  
Required Signature/Registered Agent

2/14/22  
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.*

 Sarah H. Smith  
Required Signature/Incorporator

2/14/22  
Date