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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC  
Account Number : I20190000062  
Phone : (239)850-9451  
Fax Number : (866)929-0535

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: KEOUSEK1@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SKAGGS STEAKHOUSE SPIRITS, INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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March 20, 2023

FLORIDA DEPARTMENT OF STATE

PERMITTING SPECIALIST OF FOOD & BEVERAGE INC  
Division of Corporations

SUBJECT: SKAGGS STEAKHOUSE SPIRITS, INC  
REF: W23000037689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H23000101815  
Letter Number: 323A00006397

P.O BOX 6327 - Tallahassee, Florida 32314

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### COVER LETTER

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

SUBJECT: SKAGGS STEAKHOUSE SPIRITS, 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: WILLIAM O SCAGGS JR  
Name (Printed or typed)  
4120 HANCOCK BRIDGE PKWY  
Address  
NORTH FORT MYERS, FL 33903  
City, State & Zip  
239-910-6555  
Daytime Telephone number  
LBSKAGGS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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: SKAGGS STEAKHOUSE SPIRITS, INC

**ARTICLE II PRINCIPAL OFFICE**

4120 HANCOCK BRIDGE PKWY

NORTH FORT MYERS, FL 33903

Mailing address, if different is:

KEITH FOUSEK

8400 SW 16TH ST

NORTH LAUDERDALE, FL 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WILLIAM O SCAGGS JR / PRES

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

Address: 4120 HANCOCK BRIDGE PKWY

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

NORTH FORT MYERS, FL 33903

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: KEITH FOUSEK  
 Address: 6400 SW 18th St  
NORTH LAUDERDALE, FL 33068

**ARTICLE VII. INCORPORATOR**

The name and address of the incorporator is:

Name: WILLIAM O SCAGGE JR  
 Address: 4120 HANCOCK BRIDGE PKWY  
NORTH FORT MYERS, FL 33903

**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.

[Signature]  
 Required Signature/Registered Agent

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.

[Signature]  
 Required Signature/Incorporator

3/27/23  
 Date  
 3 MAR 2023  
 3:17 PM  
 Date  
 AM 9:21  
 FLORIDA

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