

P24000008996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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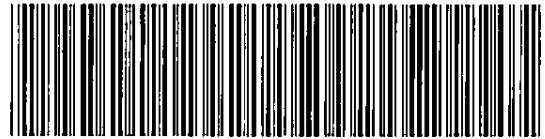
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 JAN -4 AM 10:15
JAN 4 2024

COVER LETTER

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

SUBJECT: Shelly's Bistro, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michelle Neille
Name (Printed or typed)
3323 Homestead Drive
Address
Fort Pierce FL 34945
City, State & Zip
954-536-5987
Daytime Telephone number
neillem@yahoo.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: Shelly's Bistro, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3323 Homestead Drive

Fort Pierce, FL 34945

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Company is organized to sell food and drinks to customers.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Neille - President

Name and Title: _____

Address: 3323 Homestead Drive

Address: _____

Fort Pierce, FL 34945

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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FORT PIERCE, 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: Michelle Neille
Address: 3323 Homestead Drive
Fort Pierce, FL 34945

ARTICLE VII INCORPORATOR

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

Name: Michelle Neille
Address: 3323 Homestead Drive
Fort Pierce, FL 34945

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 business days prior or 90 business 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

Michelle Neille 12/23/23
Required Signature/Registered Agent 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.

Michelle Neille 12/23/23
Required Signature/Incorporator Date