

P24000031351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

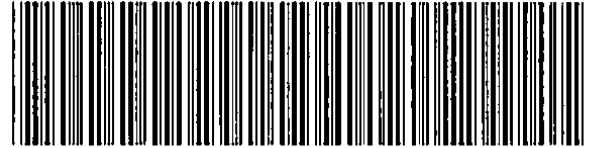
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 MAY -7 AM 9:47
DIVISION OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAY -7 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PLAY & 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
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: ALEXANDR GRECEANNII
Name (Printed or typed)

29 IRISH ROSE Rd
Address

St. Augustine, FL 32092
City, State & Zip

916-715-5143
Daytime Telephone number

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

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Play & Cafe Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

29 Irish Rose Rd
St Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: indoor playground and cafe

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANG 2 Transport Inc R Name and Title: _____

Address: 29 Irish Rose Rd Address: _____
St Augustine, FL 32092

Name and Title: Alexandr Greceannii VP Name and Title: _____

Address: 29 Irish Rose Rd Address: _____
St Augustine, FL 32092

Name and Title: Natalya Greceannii Director Name and Title: _____

Address: 29 Irish Rose Rd Address: _____
St Augustine, FL 32092

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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: Alexandr Greceannii

Address: 29 Irish Rose Rd

St Augustine FL 32092

ARTICLE VII INCORPORATOR

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

Name: Alexandr Greceannii

Address: 29 Irish Rose Rd

St Augustine FL 32092

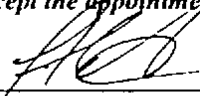
ARTICLE VIII EFFECTIVE DATE:

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.

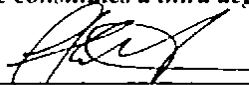
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/07/2024
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

Date 05/07/2024

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TALLAHASSEE, FL
DEPARTMENT OF STATE

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