

P24000049873

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JACK'S BAR-B-Q SMOKEHOUSE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2024 JUL 30 PM 2:23
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Help

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: JACK'S BAR-B-Q SMOKEHOUSE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
4289 NW 61st CT
COCONUT CREEK, FL 33073
Mailing address, if different is:
4289 NW 61st CT
COCONUT CREEK, FL 33073

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JACKIE MAYS - P	Name and Title:	
Address	4289 NW 61st CT COCONUT CREEK, FL 33073	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: JACKIE MAYS
Address: 4289 NW 61st CT
COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACKIE MAYS
Address: 4289 NW 61st CT
COCONUT CREEK, FL 33073


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


Jackie Mays (P.O. 30, 2024) 13053284774

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.


Jackie Mays (P.O. 30, 2024) 13053284774

Required Signature/Incorporator

Date

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2:11