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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | 120210000160: ___\$_70.00____ Authorization Signature: Gville Seafood N Chicken 3 Inc. **Business Name** #Document Will wait __ Walk in Certified Copies of the Articles of Incorporation ___ Certificate of Status **AMENDMENTS NEW FILINGS** ____ Amendment Profit ____Resignation of R.A. Resignation of R.A. フラ Change of Registered Agent Not for Profit LLC Domestication Dissolution/Withdrawal ___ Conversion INC CORP Statement of FACT OTHER Merger OTHER FILINGS REGISTRATION/QUALIFICATIONS Annual Report Foreign Filing Partnership Fictitious Name Reinstatement

Statement of Authority

COUNTRY

EXAMINER'S INITIALS:_____

APOSTIL

CORRECTION for a Foreign LLC

Other

Domestication of a Foreign Corp.

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Authorization Signature: ___ Gville Seafood N Chicken 3 Inc. **Business Name** #Document Will wait Walk in Certified Copies of the Articles of Incorporation Certificate of Status **AMENDMENTS NEW FILINGS** ____ Amendment Profit ____Resignation of R.A. Not for Profit Change of Registered Agent LLC Dissolution/Withdrawal Domestication Conversion INC CORP Statement of FACT **OTHER** Merger OTHER FILINGS REGISTRATION/QUALIFICATIONS Annual Report Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC ____ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL ____COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:	Gville Seafood N Chicken 3 Inc.				
	(PROPÓSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:		
\$\frac{1}{20}\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certified Copy & Certificate Copy		
		ADDITIONAL CO			
FROM:	Brett Isaac				
	Name (Printed or typed)				
	2151 University Blvd S				
		Address			
	Jacksonville, FL 32216				
 	City	, State & Zip			
	904-742-2388				
	Daytime T	elephone number			
	Brett@isaactaxcpa	.com			
	E-mail address: (to be use	d for future annual report n	otification)		

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)

RTICLE II PRINCIPAL OFFICE Principal street address 2425 NW 10th St		Mailing	Mailing address, if different is:	
Ocala, FL 3447	75			
TCLE III PURPO purpose for which the	OSE he corporation is organized is:	To operate a Restaurant		
			2024 NOV	
	<u> </u>		5	
			AM 9: 47	
			<u> </u>	
ICLE IV SHARE	<u>ES</u> 1000		ATE C	
ICLE IV SHARE number of shares of	ES 1000 stock is:		- 1	
number of shares of	ES stock is: 1000 LOFFICERS AND/OR DIRECTORS		LATE T	
number of shares	stock is: 1000 LOFFICERS AND/OR DIRECTORS			
number of shares	stock is: 1000 LOFFICERS AND/OR DIRECTORS Nozad Merza -President	Name and Title:		
number of shares	tock is: 1000 LOFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St	Name and Title: Address:		
number of shares	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th S1 Ocala, FL 34475	Name and Title: Address:		
number of shares	tock is: 1000 LOFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St	Name and Title: Address:		
number of shares	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th S1 Ocala, FL 34475	Name and Title: Address:		
number of shares	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th S1 Ocala, FL 34475	Name and Title: Address: Name and Title:		
Name and Title:	LOFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St Ccala, FL 34475	Name and Title: Address: Name and Title: Address:		
Name and Title:	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St Ocala, FL 34475	Name and Title: Address: Name and Title: Address:		
Name and Title:	LOFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St Ocala, FL 34475	Name and Title: Address: Name and Title: Address:		
Name and Title: Address Address	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St Ocala, FL 34475	Name and Title: Address: Name and Title: Address:		
Name and Title: Address Address	L OFFICERS AND/OR DIRECTORS Nozad Merza -President 2425 NW 10th St Ocala, FL 34475	Name and Title:		

Name and T	[itle:	Name and Title:			
Address		Address:			
ARTICLE VI RE	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) (of the registered egent is:			
Name:	Brett Isaac	of the registered agent is.			
Address:	2151 University Blvd S	_			
_	Jacksonville, FL 32216				
ARTICLE VII INCORPORATOR		TAHASSEE			
The name and addr	ess of the Incorporator is:	AS:			
Name:	Brett Isaac	FILED NOV IL AM 9: 4 CEARASSEE, FL			
Address:	2151 University blvd S	FILED ZOZUNOVII, AM 9: 47 TALEAHASSEE, FL			
	Jacksonville, FL 32216	F 7			
	-				
ARTICLE VIII E.	FFECTIVE DATE:	(OPTIONAL)			
(If an effective date	ner than the date of filing:e is listed, the date must be specific and cann	(OPTIONAL) not be more than five days prior or 90 days after the			
filing.)					
Note: If the date in:	serted in this block does not meet the applicable ctive date on the Department of State's records	e statutory filing requirements, this date will not be listed as			
Having been named	as registered figent of decept serfice of process	for the above stated corporation at the place designated in this gred agent and agree to act in this capacity			
certificate, i am jam	iliar with and accept the appointment as registe	red agent and agree to act in this capacity			
	Required Signature/Registered Agent				
Luchmie chia duaru		true. I am aware that the false information submitted in a			
document to the Dep	parimenthy State copylitutes a third degree felo	true. I am aware that the false information submitted in a symptomy as provided for in s.817.155, F.S.			
	Mall	11/14/24			
Required Signature/Incorporator Date					
	/				

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