P25000009538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Anthony's Gourmet Catering, 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: Christopher Shawn Stoddard
Name (Printed or typed)

115 9th Avenue South, Unit 302A
Address

Jacksonville Beach, FL 32250
City, State & Zip

904-591-3974
Daytime Telephone number

csstoddard1@aol.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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TALLAHASSEE, FLORIDA

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: Anthony's Gourmet Catering, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

115 9th Avenue South, Unit 302A
Jacksonville Beach, FL 32250

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to generate a profit by any and all lawful business means as a value to consumers.

ARTICLE IV SHARES
The number of shares of stock is: 400

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Shawn Stoddard, President
Address 115 9th Avenue S, Unit 302A
Jacksonville Beach, FL 32250

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

[redacted]

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: Christopher Shawn Stoddard

Address: 115 9th Avenue South, Unit 302A

Jacksonville Beach FL 32250

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Christopher Shawn Stoddard

Address: 115 9th Avenue South, Unit 302A

Jacksonville Beach, FL 32250

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Feb 4, 2025 (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

_____ 2-4-2025

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.

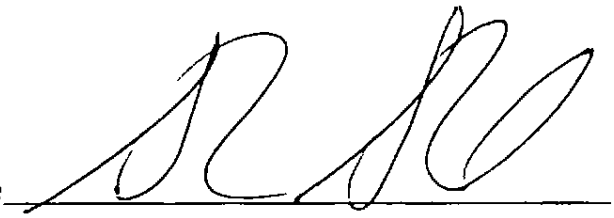
_____ 2-4-2025

Required Signature/Incorporator Date

February 5, 2025

To Whom it may Concern:

I am requesting an immediate release of the name Anthony's Gourmet Catering LLC and I have attached a copy of the dissolution form along with a copy of my filing paperwork for a new for-profit corporation to be named Anthony's Gourmet Catering, Inc. including the articles of incorporation. Feel free to reach out to me with any questions at 904-591-3974 or via email at csstoddard1@aol.com.

Signature 

Printed Name___Christopher Shawn Stoddard_____