

P95000065417

(Requestor's Name)
(Address)
(City, State, Zip) (Phone #)

OFFICE USE ONLY

Debra B. G. Walker
10203 3rd St. N. #100
Jacksonville, FL 32210

MBER(S) (if known):

1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

Walk in Pick up time

Certified Copy

Mail out Will wait Photocopy

Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R A, Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservabon	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

August 14, 1995

Sandra B. Mortham
Secretary of State

DEBRA B. CRENSHAW
10203 HWY 92 EAST
TAMPA, FL 33610

SUBJECT: MARY'S MIRACLE RESTAURANT, INC.
Ref. Number: W95000016310

We have received your document for MARY'S MIRACLE RESTAURANT, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 195A00037962

TRANSMITTAL LETTER

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

SUBJECT: MARY'S MIRACLE RESTAURANT INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Debra B. CRENSHAW
Name (printed or typed)

10203 Hwy 92 East
Address

Tampa, FL 33610
City, State & Zip

813-620-3353 or 813-620-0121
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME ~~12345678901234567890~~

The name of the corporation shall be:

12345678901234567890 Restaurant Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10203 Hwy 92 East
Tampa, FL 33610
(Hillsborough, County)

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 13

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kelvin B. Cranahan
Box 3 10203 Hwy 92 East
Tampa, FL 33610

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Debra B Crenshaw
10203 Hwy 92 East
Lot 3
Tampa, Fla 33610

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of Aug, 19 95.

Debra B Crenshaw
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

SSA 23 11 13

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MARY'S MIRACLE RESTAURANT INC.

2. The name and address of the registered agent and office is:

Heather B. Cronshaw
(NAME)

Lot 3 10203 HUNTER CREEK
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL 33610
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Heather B. Cronshaw
(SIGNATURE)

3-17-95
(DATE)