

P97000037454
TRANSMITTAL LETTER

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

900002155689--0
-04/25/97--01106--008
*****78.75 *****78.75

SUBJECT: CHOCTAW WILLY'S, 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: WAYNE BIRD

Name (Printed or typed)

214 W. BROAD STREET

Address

GROVELAND, FLORIDA 34736

City, State & Zip

407-298-5058

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 APR 25 AM 9:51

FILED

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

mc 4/28/97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CHOCTAW WILLY'S, INC.

ARTICLE II PRINCIPAL OFFICE

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

214 W. BROAD STREET
GROVELAND, FLORIDA 34736

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

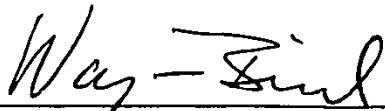
The name and Florida street address of the initial registered agent are:

WAYNE BIRD
214 W. BROAD STREET
GROVELAND, FLORIDA 34736

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WAYNE BIRD
214 W. BROAD STREET
GROVELAND, FLORIDA 34736



Signature/Incorporator

April 25, 1997

Date

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent

April 25, 1997

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA