

TRANSMITTAL LETTER

P98 0000 72916

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

700002619767--6
-08/19/98--01050--002
*****78.75 *****78.75

SUBJECT: Our Steak Place, 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: Cheryl L. Mages
Name (Printed or typed)
7661 Marthas Way
Address
Navarre FL 32566
City, State & Zip
850 936-8945
Daytime Telephone number

FILED
98 AUG 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

120
8/20

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

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: **Our Steak Place, Inc.**

ARTICLE II PRINCIPLE OFFICE

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

Place of Business: **Unknown**

Mailing Address: **7661 Marthas Way, Navarre, FL 32566**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding any one time is: **7500**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Cheryl L. Magnes
7661 Marthas Way
Navarre, FL 32566**

ARTICLE V INCORPORATOR

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

**Cheryl L. Magnes
7661 Marthas Way
Navarre, FL 32566**

Cheryl L. Magnes
Signature/Incorporator Cheryl L. Magnes

8-15-98
Date

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

Cheryl L. Magnes
Signature/Registered Agent

8-15-98
Date

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TALLAHASSEE, FLORIDA