

TRANSMITTAL LETTER

P 99 000061073

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

FILED  
99 JUL -2 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Wakulla Station Cafe, Inc.  
(Proposed corporate name - must include suffix)

300002922473--7  
-07/02/99--01071--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Kimberly E. McCormack  
Name (Printed or typed)

223 Summerwind Cir. S.  
Address

Crawfordville, Fl. 32327  
City, State & Zip

850-421-4272  
Daytime Telephone number

F. CHESSEN JUL 8 1999

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

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## 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:

Wakulla Station Cafe, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

223 Summerwind Cir. S.  
Crawfordville, Fl. 32327

### **ARTICLE III SHARES**

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

1 (one)

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Kimberly E. McCormack  
223 Summerwind Cir. S. Crawfordville, Fl. 32327

### **ARTICLE V INCORPORATOR**

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

Kimberly E. McCormack  
223 Summerwind Cir. S. Crawfordville, Fl. 32327

K. McCormack

Signature/Incorporator

6/30/99

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

K. McCormack

Signature/Registered Agent

6/30/99

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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