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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

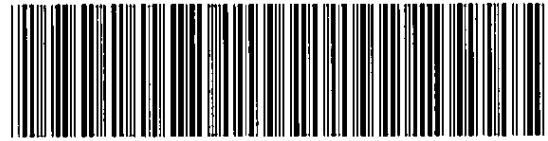
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Mufasa's Sausy Legz Seafood Grill & More 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: Aeriel Levi D. Clary
Name (Printed or typed)

2233 Holton Street
Address

Tallahassee, FL, 32310
City, State & Zip

850-640-5830
Daytime Telephone number

Levidation@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: MUFASA'S SAUCY LEGZ SEAFOOD, GRILL & MORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2233 Holton Street
Tallahassee, FL, 32310

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home base Business to sell food, cater events and more

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Acquell Levi D. Clay (P) Name and Title: _____

Address 2233 Holton Street Address: _____
Tallahassee, FL, 32312

Name and Title: Teresa Clay (VP) Name and Title: _____

Address 839 Sunridge Rd Address: _____
Tallahassee, FL, 32305

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2023

4

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: A. Riehl Levi D. Clary
Address: 2233 Holton Street
Tallahassee, FL, 32310

ARTICLE VII INCORPORATOR

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

Name: A. Riehl Levi D. Clary
Address: 2233 Holton Street
Tallahassee, FL, 32310

2023

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

A. Riehl Levi D. Clary
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.

A. Riehl Levi D. Clary
Required Signature/Incorporator

Date