

P25100009538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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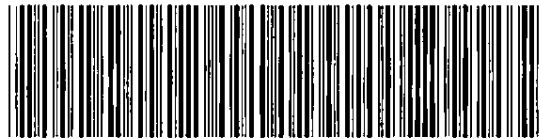
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/07/25--01016--004 \*\*70.00

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2025 FEB -7 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FL

MS

## COVER LETTER

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

SUBJECT: Anthony's Gourmet Catering, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Christopher Shawn Stoddard  
Name (Printed or typed)

115 9th Avenue South, Unit 302A  
Address

Jacksonville Beach, FL 32250  
City, State & Zip

904-591-3974

Daytime Telephone number

csstoddard1@aol.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Anthony's Gourmet Catering, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

115 9th Avenue South, Unit 302A  
Jacksonville Beach, FL 32250

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to generate a profit by any  
and all lawful business means as a value to consumers.

**ARTICLE IV SHARES**

The number of shares of stock is: 400

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher Shawn Stoddard, President

Address: 115 9th Avenue S, Unit 302A  
Jacksonville Beach, FL 32250

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SEC. OF STATE  
TALLAHASSEE, FL

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: Christopher Shawn Stoddard  
Address: 115 9<sup>th</sup> Avenue South, Unit 302A  
Jacksonville Beach FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: Christopher Shawn Stoddard  
Address: 115 9<sup>th</sup> Avenue South, Unit 302A  
Jacksonville Beach, FL 32250

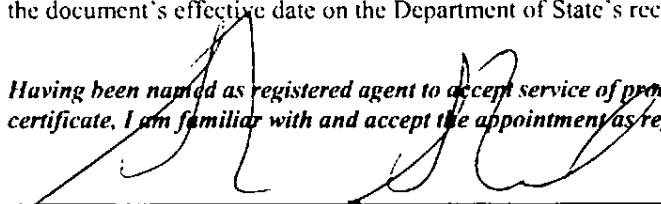
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Feb 4, 2025 (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.)

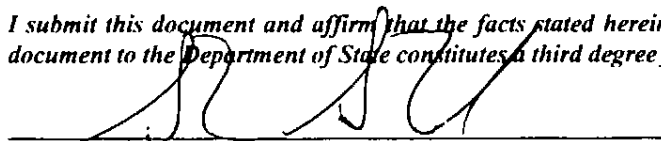
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

2-4-2025  
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.*

  
Required Signature/Incorporator

2-4-2025  
Date

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2025 FEB -7 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 5, 2025

To Whom it may Concern:

I am requesting an immediate release of the name Anthony's Gourmet Catering LLC and I have attached a copy of the dissolution form along with a copy of my filing paperwork for a new for-profit corporation to be named Anthony's Gourmet Catering, Inc. including the articles of incorporation. Feel free to reach out to me with any questions at 904-591-3974 or via email at [csstoddard1@aol.com](mailto:csstoddard1@aol.com).

Signature 

Printed Name Christopher Shawn Stoddard

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