

P2000049790

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

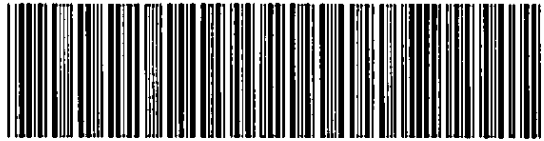
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500346815565

06/26/20 01:11:28 --01 3 44 28.75

FILED  
2020 JUN 26 AM 11:28  
TAL...  
...  
...

**COVER LETTER**

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

**SUBJECT:** Anchor Condo Services, 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:** Kay Jackson  
Name (Printed or typed)  
PO Box 1029  
Address  
Cape Canaveral, FL 32920  
City, State & Zip  
321-297-7559  
Daytime Telephone number  
capecondos@att.net  
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: Anchor Condo Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8600 Ridgewood Avenue, Unit 3210  
Cape Canaveral Florida, 32920

PO Box 1029  
Cape Canaveral, FL 32920

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Marketing and technology services for vacation rental condos, training for condos

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Kay Jackson, CEO

Name and Title: Rhonda Alfieri, VP

Address PO Box 1029  
Cape Canaveral, FL 32920

Address: 3305 Ladera Drive  
Bedford, TX 76021

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Kay Jackson  
 Address: 8600 Ridgewood Avenue #3210  
Cape Canaveral, FL 32920

**ARTICLE VII INCORPORATOR**

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

Name: Kay Jackson  
 Address: 8600 Ridgewood Avenue, #3210  
Cape Canaveral, FL 32920

FILED  
 2020 JUN 26 AM 11:28  
 TALLAHASSEE  
 STATE OF FLORIDA

**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:*

K Jackson  
 Required Signature/Registered Agent

6-23-2020  
 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.*

K Jackson  
 Required Signature/Incorporator

6-23-2020  
 Date

## COVER LETTER

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

**SUBJECT:** Anchor Condo Services, 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: Kay Jackson  
Name (Printed or typed)

PO Box 1029  
Address

Cape Canaveral, FL 32920  
City, State & Zip

321-297-7559  
Daytime Telephone number

capecondos@att.net  
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: Anchor Condo Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8600 Ridgewood Avenue, Unit 3210  
Cape Canaveral Florida, 32920

PO Box 1029  
Cape Canaveral, FL 32920

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Marketing and technology services for vacation rental condos. training for condos

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Kay Jackson, CEO  
Address: PO Box 1029  
Cape Canaveral, FL 32920

Name and Title: Rhonda Alfieri, VP  
Address: 3305 Ladera Drive  
Bedford, TX 76021

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

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

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

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

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: Kay Jackson

Address: 8600 Ridgewood Avenue #3210

Cape Canaveral, FL 32920

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kay Jackson

Address: 8600 Ridgewood Avenue, #3210

Cape Canaveral, FL 32920

**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*

*K Jackson*

Required Signature Registered Agent

*6-23-2020*  
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.*

*K Jackson*

Required Signature Incorporator

*6-23-2020*  
Date