

P23000671465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

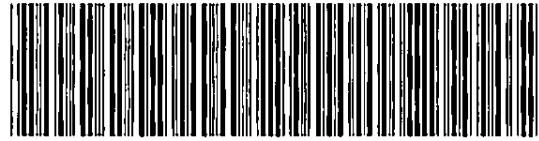
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Certified Copies _____

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Office Use Only



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S. CHATHAM
OCT - 5 2023

2023 OCT - 5 AM 7:43

RECEIVED
2023 OCT - 5 PM 1:55
PROBATION DEPARTMENT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/5/23

****WALK IN****

ENTITY NAME GULF BREEZE CHARTERS INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: GULF BREEZE CHARTERS 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: GAIA SCALINI C/O EXPORTUSA NEW YORK CORP.
Name (Printed or typed)
18 BRIDGE STREET, UNIT 2A
Address
BROOKLYN, NY 11201
City, State & Zip
718-522-5575
Daytime Telephone number
GAIA@EXPORTUSA.US
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: GULF BREEZE CHARTERS INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2430 Vanderbilt Beach Rd., Ste 108
Naples, FL 34109
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful act or activity permitted in the State of Florida

ARTICLE IV SHARES
The number of shares of stock is: 200 common no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Francesco Lanza - Pres./Director</u>	Name and Title:	_____
Address	<u>Via Ruggero Marturano, 32</u>	Address:	_____
	<u>Palermo 90142, (PA) Italy</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

2000 OCT 15 4:17:43

1000 210

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: United Corporate Services, Inc,
Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francesco Lanza
Address: Via Ruggero Marturano, 32
Palermo 90142, (PA) Italy

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

Michael A. Barr President, United Corporate Services, Inc. 10/5/2023
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.

/s/ Francesco Lanza 10/5/2023
Required Signature/Incorporator Date

2023 OCT -5 AM 7:43

10/5/2023