

P14000087003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

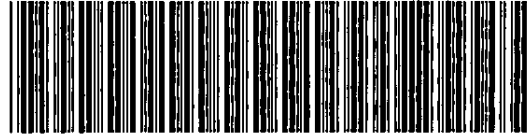
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/14--01005--008 **87.50

14 OCT 23 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: **215 Delray 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: **jan goodman**

Name (Printed or typed)

PO box 480427

Address

Delray Beach, FL 33448

City, State & Zip

561-330-4688

Daytime Telephone number

jan@floridarecoverygroup.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)

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AND
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ARTICLE I NAME

The name of the corporation shall be: 215 Delray Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

215 NE 17th Street, Delray Beach
FL 33444

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO Box 480427
Delray Beach, FL 33448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real estate holding

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: jan goodman

Name and Title: president

Address PO Box 480427

Address: _____

Delray Beach, FL

33448

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

(cont.)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: Jan Goodman
Address: 9782 napoli woods lane
delray beach , fl 33446

ARTICLE VII INCORPORATOR

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

Name: Jan Goodman
Address: Po Box 430427
Delray Beach, FL 33446

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

10/21/14
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

10/21/14
Date