

N140000007236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

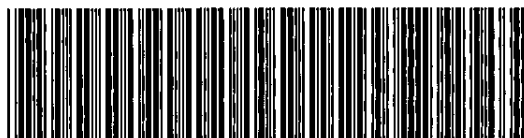
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/14--01033--004 **276.15

FILED
-14 MAR -5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-9624

COVER LETTER

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

SUBJECT: Gold Coast Bemmers, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Gold Coast Beemers, Inc.

Name (Printed or typed)

2950 Jog Road

Address

Greenacres, FL 33467

City, State & Zip

561-641-1016

Daytime Telephone number

scot@cmcmanagement.biz

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2014

GOLD COAST BEMMERS, INC.
2950 JOG RD
GREENACRES, FL 33467

SUBJECT: GOLD COAST BEMMERS, INC.
Ref. Number: W14000009624

We have received your document for GOLD COAST BEMMERS, INC. and your check(s) totaling \$276.15. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 414A00003417

RECEIVED

14 MAR -5 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Gold Coast Beemers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2950 Jog Road

Greenacres, FL 33467

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Social and cultural motorcycle riding activities, support of charitable organizations
and such other activities as may be legally permissible.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scot A. Gerrish Pres

Address: 9179 Silver Glen Way
Lake Worth, FL 33467

Name and Title: Michael Brennan V Pres

Address: 1731 N. 51st Ave
Hollywood, FL 33021

Name and Title: Thomas Paligraf Tres

Address: 11830 N.W. 25th Street
Plantation, FL 33323

Name and Title: Susan Sylvester Sec

Address: 2541 Boundbrook Blvd, #106
West Palm Beach, FL 33406

Name and Title: Jerry Bloch Dir

Address: 4392 N.W. 51st Ct.
Coconut Creek, FL 33073

Name and Title: Bruce Lindeman Dir

Address: 2539 Jardin Drive
Weston, FL 33327

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -5 AM 8:15

FILED

Name and Title: Emilio Vazquez Dir. Name and Title: _____

Address: 9558 Osprey Isles Blvd. Address: _____

West Palm Beach, FL 33412 _____

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: Scot Gerrish

Address: 9179 Silver Glen Way

Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

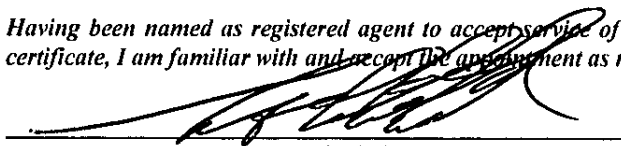
The name and address of the Incorporator is:

Name: Gold Coast Beemers, Inc

Address: 2950 Jog Road

Greenacres, FL 33467

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

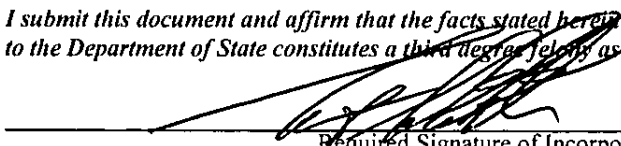


Required Signature of Registered Agent

1/31/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

1/31/2014

Date

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

14 MAR -5 AM 8:15

FILED