N15000001461

(0-		·		
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(,,,,,				
(Document Number)				
(==				
Certified Copies	Cortificator	a of Status		
Certified Copies	_ Certificates	s or Status		
Special Instructions to Filing Officer:				

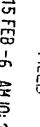
Office Use Only



400269225064

02/06/15--01029--024 **140.00

SECRETARY OF STATE





COVER LETTER

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

SUBJECT: Adore the Shores, 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
Filing Fee & Certificate of Status

□ \$78.75
Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Tucker Byrd

Name (Printed or typed)

180 Park Ave, N., Suite 2A

Address

Winter Park, FL 32789

City, State & Zip

407-749-0777

Daytime Telephone number

tbyrd@byrdtrialgroup.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 617, F.S., (Not for Profit)



The name of the corporation shall be: Adore the Shores, Inc. 15 FEB - 6 AM 10: 39 PRINCIPAL OFFICE SECRETARY OF STATE Mailing address Allighte State FLORIDA Principal street address: 180 Park Avenue, North Suite 2A Winter Park, FL 32789 ARTICLE III PURPOSE The purpose for which the corporation is organized is: to conduct activities that are charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, or preventing cruelty to children or animals. MANNER OF ELECTION The manner in which the directors are elected and appointed: is contained in the corporation's bylaws INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Tucker Byrd/Director Name and Title: 180 Park Avenue, N Address Suite 2A Winter Park, FL 32789 Name and Title:______ Name and Title:_____ Address Address: Name and Title: Name and Title: Address _____ Address:

			APPROVEL AND
Name and Title:_		Name and Title:	FILED
Address	·	Address:	15 FEB -6 AM 10: 39
-			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Title:_		Name and Title:	
Address		Address:	
_			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT accep	stable) of the registere	d agent is:
Name:	Tucker Byrd		
180 Park Ave, N,		A	
	Winter Park, FL 327	89	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Tucker Byrd		
Address:	180 Park Ave, N., #	2A	
	Winter Park, FL 327	<u>'89</u>	
	ed as registered agent to accept service of miliar with and accept the appointment as		ove stated corporation at the place designated in this agree to act in this capacity
	lan 1/3		2/2/15
	Required Signature of Registered	Agent	Date
	ment and affirm that the facts stated herei of State constitutes a <u>th</u> ird degree felony a		re that any false information submitted in a document 17.155, F.S.
	1/2/2		- 2/2/15
<u>/·</u>	Required Signature of Incorp	orator	Date