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Certified Copies	_ Certificates	of Status
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THE DESIGNATION OF THE PROPERTY OF THE PROPERT

10/21/18

COVER LETTER

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

SUBJECT: Gulf Coast H	ighway Road Maintenance O	rganization, Inc. ORATE NAME - <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED

FROM:	ALLGOOD & MISEMER, P.A.	
r KOWI.	Name (Printed or typed)	
	5645 Nebraska Avenue	
	Address	
	New Port Richey, FL 34652	
	City, State & Zip	
	727-848-2593	
	Daytime Telephone number	
,	misemerken@gmail.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	ne corporation shall be:	HIGHWAY ROAD MA	AINTENANCE ORGANIZATION, IN	U. <u>S</u>	<u></u>
ARTICLE II	PRINCIPAL OFFICE			8 OCT	
0108	Principal <u>street</u> address:		Mailing address, if different is:	<u> </u>	
9108	3 U.S. Highway 19			70	- 1 / 1
Port	Richey, FL 34668	· 		5:	7 *
				5	
IRTICLE III	PURPOSE for which the corporation is organized is	to provide support, in	any lawful manner, and provide the leg	gal struc	ture to
			icially designated by the Florida Depar	·	
<u> </u>	n as "GULF COAST HIGHWAY".	, ,			
F					
					
than the shall be also serve IRTICLE V	initial Directors, who sha elected by majority vote as e as officers of the corp <u>INITIAL OFFICERS AND/OR DIR</u>	all serve until at the annual me oration as prov	tors are elected and appointed: <u>Directors</u> the first annual meeting enting of the full members ided in the Bylaws. Allan Safranek, III, Director	of me	mbers
Name and Titl	e:6330 U.S. Highway 19	Name and Title:	7000 U.S. Highway 19	-	
Address		Address:		-	
	New Port Richey, FL 34652		New Port Richey, FL 34652	-	
Name and Titl					
varie and Thi	Tina Shelton, Director	Name and Title:		-	
Address	e: Tina Shelton, Director 11889 Trevally Loop 4-105			- -	
Address	e:	Name and Title:		- - -	
	e: 11889 Trevally Loop 4-105 Trinity, FL 34655	Address:		-	
Name and Titl	e:11889 Trevally Loop 4-105 Trinity, FL 34655 e:	Address: Name and Title:		-	
	e: 11889 Trevally Loop 4-105 Trinity, FL 34655	Address: Name and Title:		-	
Name and Titl	e:11889 Trevally Loop 4-105 Trinity, FL 34655 e:	Address: Name and Title:		-	

		Name and Title:		_
Address		Address:		_
_				_
Name and Title:_		Name and Title:		_
Address		Address:	<u> </u>	_
			•	_
The name and Flo	REGISTERED AGENT Orida street address (P.O. Bo Jamie Mick	NOT acceptable) of the registered age	ent is:	
Name:	9108 U.S. Highw			100 au
Address:	Port Richey, FL 3	<u> </u>		
	Tort Richey, FL.			PH
	INCORPORATOR dress of the Incorporator is:			2:15
Name:	Kenneth R. Miser	ner		
Address:	5645 Nebraska A	venue		
	New Port Richey	, FL 34652		
	EFFECTIVE DATE.		PTIONAL)	
(If an effective da	other than the date of filing: _	specific and cannot be more than fi	ive business days prior or 90	business days
Effective date, if of (If an effective da after the filing.) Note: If the date	other than the date of filing: _ ate is listed, the date must be	specific and cannot be more than fi	ive business days prior or 90	
Effective date, if of (If an effective da after the filing.) Note: If the date document's effect Having been name	other than the date of filing:ate is listed, the date must be inserted in this block does not ive date on the Department of the day are gistered agent to accomiliar with and accept the application.	specific and cannot be more than firmeet the applicable statutory filing red State's records. State's records. Lept service of process for the above so cointment as registered agent and agree	ive business days prior or 90 quirements, this date will not be stated corporation at the place	be listed as the
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