1900008845

(Requestor's Name)
(Address)
(Address)
(City(Chata (Zin/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE

2018 AUG 22 PM 1: 3.

July 30, 2019

OPERATION FLOAT ORGANIZATION 1308 28TH ST N ST PETERSBURG, FL 33713

SUBJECT: OPERATION FLOAT ORGANIZATION

Ref. Number: W19000042029

We have received your document for OPERATION FLOAT ORGANIZATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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.

Letter Number: 419A00015518

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

In compliance with Chapter 617, F.S., (Not for Profit) The name of the corporation shall be: Devator Float Urganization INC. ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provicing ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Rykma C. Bardowski ____ Name and Title: ____ Crair mar Name and Title: 2601 Address: Address Name and Title: Name and Title: Address: Address

Name and Title:____

_____ Address:

Name and Title:

Address

Name and Title:	Name and Title:
Address	Address:
•	
	• • • •
	Ninne and Title
Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGE	VT
	P.O. Box NOT acceptable) of the registered agent is:
	: Baldaeski
Address: 1308 26	HhSt.N
8 Peter(6)	DUYG FL 33713
<u>0, 10,0,0</u>	
ARTICLE VII INCORPORATOR	
The name and address of the incorpora	
Name: RUKMû	C. Phildraisky
1218 28	CBAICAISK.
	
<u> </u>	burg, FL 33713
ARTICLE VIII EFFECTIVE DATE	ii 271/12 12 716
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 f
X	I will not be '
document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will not be ' rtment of State's records.
·	
Having been named as registered age	ent to accept service of process for the above stated corporation at the p
certificate, I am familiar with and acce	ept the appointment as registered agent and agree to act in this capacity
ADXU.	Č4.
Required Si	gnature of Registered Agent
I submit this document and affirm tha	t the facts stated herein are true. I am aware that any fulse infor
	a third degree felony as provided for in s.817.155, F.S.
一大小人	<i>6</i> 2.
Requir	ed Signature of Incorporator