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STATE
TALLAHASSEE, FL

2007 JUL -9 AM 9:50

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COVER LETTER

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

SUBJECT: GOLD COAST BARE SKINS CORP.

(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: PATT GAVIN

Name (Printed or typed)

PO BOX 5072

Address

OAKLAND PARK, FL 33310-5072

City, State & Zip

(818) 284-5500

Daytime Telephone number

pattgavin@mac.com

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

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TALLAHASSEE, FL
5/1/04

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

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 BARE SKINS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
901 NE 18 Ct # 210

FORT LAUDERDALE, FL 33305-3859

Mailing address, if different is:

PO BOX 5072

OAKLAND PARK, FL 33310-5072

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to foster friendship and provide a congenial meeting place for ment to enjoy nudism in the privacy of participatingt members' private residences.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jan Szukala, President

Address: 901 NE 18 Ct # 210
Fort Lauderdale, FL 33305-3859

Name and Title: Craig Rosenblatt, Vice President

Address: 901 NE 18 Ct # 210
Fort Lauderdale, FL 33305-3859

Name and Title: Patt Gavin, Secretary

Address: 901 NE 18 Ct # 210
Fort Lauderdale, FL 33305-3859

Name and Title: Jesse Monteagudo

Address: 901 NE 18 Ct # 210
Fort Lauderdale, FL 33305-3859

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ALLA/14/0000, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Patt Gavin
Address: 8205 NW 59th St
Tamarac, FL 33321

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TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patt Gavin
Address: 8205 NW 59th St
Tamarac, FL 33321

ARTICLE VIII EFFECTIVE DATE:

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 filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Patt Gavin

Required Signature of Registered Agent

7-4-21

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 §817.155, F.S.

Patt Gavin

Required Signature of Incorporator

7-4-21

Date