

PO3000004275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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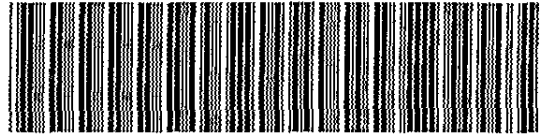
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SROKA HOSPITALITY INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: GRAZYNA GRAD-SROKA
Name (Printed or typed)

1050 Bella Vista Blvd # 204
Address

Saint Augustine, FL 32084
City, State & Zip

904-810-9835 or 904-280-6509
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SROKA HOSPITALITY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Travelodge Motel
290 San Marco Ave , St. Augustine FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purchasing business for management

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

GRAZYNA GRAD-SROKA - PRESIDENT
STANISLAW SROKA - V-CE PRESIDENT
1050 Bella Vista Blvd. # 204
ST. AUGUSTINE FL 32084

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GRAZYNA GRAD-SROKA
1050 Bella Vista Blvd # 204
ST. AUGUSTINE FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GRAZYNA GRAD-SROKA
1050 Bella Vista Blvd. # 204
St. Augustine FL 32084

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

Grazyna Grad-Sroka
Signature/Registered Agent

12-4-02

Date

Grazyna Grad-Sroka
Signature/Incorporator

12-4-02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA