

P040000065088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 APR 14 P 3:02

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13-08-5

## TRANSMITTAL LETTER

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

**SUBJECT:** 45 North Incorporated

(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:** Thomas J Miller

Name (Printed or typed)

7243 Somersworth Drive

Address

Orlando, Florida 32835

City, State & Zip

407-299-6660

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:

45 North Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7243 Somersworth Drive  
Orlando, Florida 32835

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacture and Sell Beach Products

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thomas John Miller - President

## ARTICLE VI REGISTERED AGENT

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

7243 Somersworth Drive  
Orlando, Florida 32835

Thomas John Miller

## ARTICLE VII INCORPORATOR

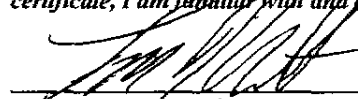
The name and address of the Incorporator is:

7243 Somersworth Drive  
Orlando, Florida 32835

Thomas John Miller

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

4/9/4

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/9/4

\_\_\_\_\_  
Date

2009 APR 14 P 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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