

P04000157492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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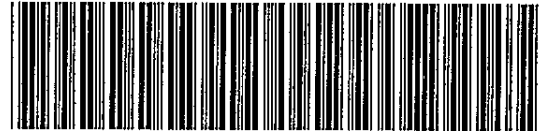
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

11-18-04

TRANSMITTAL LETTER

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

SUBJECT: Suncoast Improvements 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Tammy Morgan Hopper
Name (Printed or typed)
1093 AIA Beach Blvd Box 174
Address
St. Augustine Florida 32080
City, State & Zip
904-471-2828
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:

SUNCOAST Improvements INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1093 AIA Beach Blvd Box 174
St. Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales & Service

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tammy Morgan Hopper President
Paul Timothy Hopper Jr. Vice-President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elsa Apte
2600 U.S. #1 South Ste 4
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tammy Morgan Hopper
1093 AIA Beach Blvd Box 174
St. Augustine, FL 32080

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

11-10-2004
Date


Signature/Incorporator

11-10-2004
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA