

P06000147426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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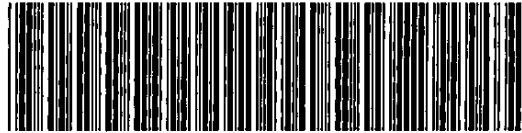
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORIDA PINESSE VACATION PROPERTIES 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:

PETER O'BRIEN

Name (Printed or typed)

8016 TIBET RUTLER DRIVE

Address

WINDERMERE FLORIDA 34786

City, State & Zip

407 361 7057

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:

FLORIDA FINESSE VACATION PROPERTIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8016 TIBET BUTLER DRIVE
WINDERMERE FLORIDA 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROPERTY MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PETER O'BRIEN - C.E.O.

ARTICLE VI REGISTERED AGENT

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

PETER O'BRIEN
8016 TIBET BUTLER DRIVE
WINDERMERE FLORIDA 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER O'BRIEN
8016 TIBET BUTLER DRIVE
WINDERMERE FLORIDA 34786

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA