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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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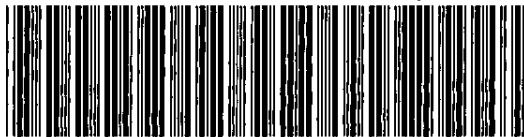
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TOLSON

## COVER LETTER

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

**SUBJECT:** Islandside Enterprises, 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:** Lynn Rothenbach  
Name (Printed or typed)

13966 Pine Woods Lane East  
Address

Sarasota, FL 34240  
City, State & Zip

941-371-6219  
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:

Islandside Enterprises, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

13966 Pine Woods Lane East  
Sarasota, FL 34240

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Maintenance

### **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):

Lynn Rothenbach  
13966 Pine Woods Lane East  
Sarasota, FL 34240  
President

### **ARTICLE VI REGISTERED AGENT**

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

Lynn Rothenbach  
13966 Pine Woods Lane East  
Sarasota, FL 34240


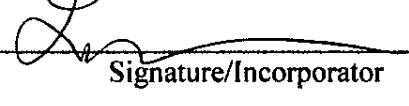
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lynn Rothenbach  
13966 Pine Woods Lane East  
Sarasota, FL 34240

\*\*\*\*\*

*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 Lynn Rothenbach  
  
\_\_\_\_\_  
Signature/Incorporator Lynn Rothenbach

01/01/09

Date

01/01/09

Date

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CORPORATION DIVISION