

P10000094831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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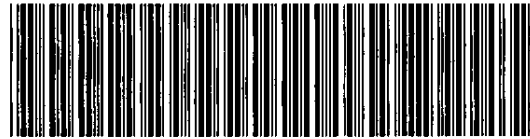
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 18 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

12/1

COVER LETTER

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

SUBJECT: FLORIDA LIFESTYLE 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: CARLOS JORGE GIL
Name (Printed or typed)

323 N.W. SHOREVIEW DR.
Address

PORT ST LUCIE, FLORIDA, 34986
City, State & Zip

(772) 224-9011 or (772) 224-1634
Daytime Telephone number

CARLOSJGIL@CONRAST.NET
E-mail address: (to be used for future annual report notification)

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 LIFESTYLE PROPERTIES, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
323 N.W. SHOREVIEW DR
PORT SAINT LUCIE
FLORIDA, 34986

Mailing address, if different is: 10 NOV 18 AM 3:55
"Same"

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES & RENTAL
RESIDENTIAL & COMMERCIAL

ARTICLE IV SHARES

The number of shares of stock is: 50 - 50 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS J. GIL, PRESIDENT
Address: 323 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

Name and Title: _____
Address: _____

Name and Title: MILAGROS D. GIL, VICE PRES
Address: 323 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CARLOS JORGE GIL
Address: 323 N.W. SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS JORGE GIL
Address: 323 NW SHOREVIEW DR
PORT SAINT LUCIE, FL 34986

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

Carlos Jorge Gil
Required Signature/Registered Agent

11-16-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos Jorge Gil
Required Signature/Incorporator

11-16-10
Date