

711000022832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

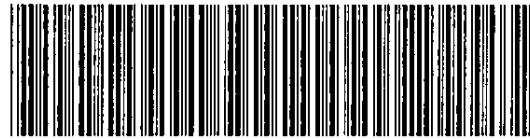
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900196740519

03/04/11--01008--017 **87.50

LETTERS MAR 04 2011

SECRETARY OF
TALLAHASSEE, FLORIDA

2011 MAR -4 AM 11:31

FILED

COVER LETTER

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

SUBJECT: Charterhouse Associates Ltd 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: Kenneth Browne

Name (Printed or typed)

8867 Starhaven Cove

Address

Boynton Beach FL 33473

City, State & Zip

813-380-9094

Daytime Telephone number

kenneth.browne@verizon.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY
TALLAHASSEE, FLORIDA

2011 MAR -4 AM 11:31

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Charterhouse Associates Ltd Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8867 Starhave Cove
Boynton Beach FL 33473

Mailing address, if different is:
8867 Starhave Cove
Boynton Beach FL 33473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Trustee for Family Trust

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason M. Drews President
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

Name and Title: Heather Anne Browne Director
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

Name and Title: Kenneth Browne Director
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

Name and Title: _____
Address: _____

Name and Title: Gail Browne Director
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

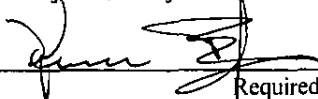
Name: Kenneth Browne
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth Browne
Address: 8867 Starhaven Cove
Boynton Beach, FL 33473

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


Required Signature/Registered Agent

2/28/2011
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.


Required Signature/Incorporator

2/28/2011
Date

FILED
2011 MAR -4 AM 11:31
STATE DEPT OF
TALLAHASSEE, FLORIDA