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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL -5 PM 3:45

APPROVED
FILED

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COVER LETTER

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

SUBJECT: Abracadabra Hospitality Services, 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: Victoria Wyrosdick

Name (Printed or typed)

71 Nightcap Street

Address

Santa Rosa Beach, FL 32459

City, State & Zip

850-499-2085

Daytime Telephone number

abracadabraservices@yahoo.com

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Abracadabra Hospitality Services, Inc

11 JUL -5 PM 3:45

ARTICLE II PRINCIPAL OFFICE

Principal street address
71 Nightcap Street
Santa Rosa Beach, FL 32459

Mailing address SECRETARY OF STATE
TALAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create a legal business entity in the state of Florida which will provide cleaning services to short-term rental properties.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Victoria Wyrosdick</u>	Name and Title: _____
Address: <u>71 Nightcap Street</u>	Address: _____
<u>Santa Rosa Beach, FL 32459</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Victoria Wyrosdick
Address: 71 Nightcap Street
Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Thornton
Address: P O Box 4685
Santa Rosa Beach, FL 32459

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]
Required Signature/Registered Agent

6/30/11
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.

[Signature]
Required Signature/Incorporator

6/29/11
Date