

P110000068699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

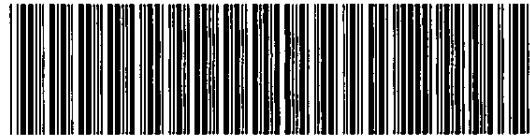
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2011 JUL 29 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch MS 1. 2011.

COVER LETTER

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

SUBJECT: Sebastian Vacation Rentals, 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: John H. Conway

Name (Printed or typed)

1623 Indian River Drive Suite 105

Address

Sebastian, Florida 32958

City, State & Zip

772-633-9506

Daytime Telephone number

jhconway@comcast.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: **Sebastian Vacation Rentals, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1623 Indian River Drive Suite 105
Sebastian, Florida 32958

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage and market for rent single family homes and condominiums as vacation rental properties.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **John H. Conway Pres**
Address: **697 Gossamer Wing Way**
Sebastian, Florida 32958

Name and Title: _____
Address: _____

Name and Title: **Deborah M. Conway V. Pres**
Address: **697 Gossamer Wing Way**
Sebastian, Florida 32968

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: **John H. Conway**
Address: **1623 Indian River Drive Suite 105**
Sebastian, Florida 32958

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **John H. Conway**
Address: **1623 Indian River Drive Suite 105**
Sebastian, Florida 32958

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

7-27-2011

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

7-27-2011

Date

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2011 JUL 29 PM 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA