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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/9

## COVER LETTER

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

SUBJECT: ATLANTIC BAYS & STORAGE, 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: ATLANTIC BAYS & STORAGE, INC  
Name (Printed or typed)

416 CHARLES STREET  
Address

PORT ORANGE, FL 32129  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: ATLANTIC BAYS & STORAGE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

416 CHARLES STREET  
PORT ORANGE, FL 32129

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUSTIN D'ADDARIO, PRES/TREAS Name and Title: \_\_\_\_\_

Address: 416 CHARLES STREET Address: \_\_\_\_\_  
PORT ORANGE, FL 32129

Name and Title: ERIK RAFFERTY V/P/SEC Name and Title: \_\_\_\_\_

Address: 416 CHARLES STREET Address: \_\_\_\_\_  
PORT ORANGE, FL 32129

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: JUSTIN D'ADDARIO

Address: 416 CHARLES STREET  
PORT ORANGE, FL 32129

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUSTIN D'ADDARIO

Address: 416 CHARLES STREET  
PORT ORANGE, FL 32129

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

Justin D'Addario  
JUSTIN D'ADDARIO Required Signature/Registered Agent

11-3-11  
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.

Justin D'Addario  
JUSTIN D'ADDARIO Required Signature/Incorporator

11-3-11  
Date

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11 NOV - 8 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA