

P12000009950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/30/12

COVER LETTER

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

SUBJECT: A PLEASANT COVE, 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: JAMES ANTONE
Name (Printed or typed)
3678 FISHERMANS COVE LN
Address
JACKSONVILLE FL 32225
City, State & Zip
904-631-1278
Daytime Telephone number
jimantone@gmail.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)

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12 JAN 27 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

A PLEASANT COVE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3678 FISHERMANS COVE LN
JACKSONVILLE, FL 32225

Mailing address, if different is:

P.O. BOX 351957
JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ESTATE SALES, MANAGE ANTIQUE SHOWS and
any other LAWFUL business AS SEEN FIT.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES ANTONI, CEO
Address: 3678 FISHERMANS COVE LN
JACKSONVILLE, FL 32225

Name and Title: DONNA S. POOR, Pres.
Address: 3678 FISHERMANS COVE LN
JACKSONVILLE, FL 32225

Name and Title: _____
Address: _____

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: JAMES ANTONI
Address: 3678 FISHERMANS COVE LANE
JACKSONVILLE, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES ANTONI
Address: 3678 FISHERMANS COVE LN
JACKSONVILLE, FL 32225

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

1-22-2012
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

1-22-2012
Date