

P12000021621

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

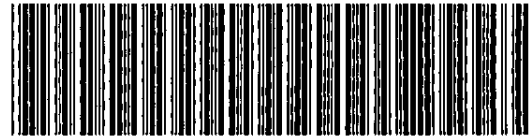
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

505-

W1200003817



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01/19/12--01003--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -2 PM 3:41

JP 3/5/12

COVER LETTER

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

SUBJECT: ISLAND VIBES OF BELLE GLADE

(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: ALFREDA MCPHEE

Name (Printed or typed)

4017 NW 17TH STREET

Address

BELLE GLADE, FL 33430

City, State & Zip

561-305-4023

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.

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DIVISION OF CORPORATIONS
12 MAR -2 PM 3:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAR -2 AM 11:53
DIVISION OF CORPORATIONS

February 2, 2012

ALFREDA MCPHEE
4017 NW 17TH STREET
BELLE GLADE, FL 33430

SUBJECT: ISLAND VIBES OF BELLE GLADE, INC.
Ref. Number: W12000003817

We have received your document for ISLAND VIBES OF BELLE GLADE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00004037

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -2 PM 3:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2012

ALFREDA MCPHEE
4017 NW 17TH STREET
BELLE GLADE, FL 33430

SUBJECT: ISLAND VIBES OF BELLE GLADE
Ref. Number: W12000003817

We have received your document for ISLAND VIBES OF BELLE GLADE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 412A00001463

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DIVISION OF CORPORATIONS
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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: Island vibes of Belle Glade, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

106 S.W. 5th Street
Belle Glade, Florida 33430

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Adult Entertainment Lounge

ARTICLE IV SHARES

The number of shares of stock is: 100 at 10.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clavis Mcleary, President

Address: 4017 N.W. 17th Street
Belle Glade, FL 33430

Name and Title: Alfreda McPhee Corporate Secretary

Address: 4017 N.W. 17th Street
Belle Glade, FL 33430

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: Alfreda McPhee

Address: 4017 N.W. 17th Street
Belle Glade FL 33430

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alfreda McPhee

Address: 4017 N.W. 17th St
Belle Glade FL 33430

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

Alfreda McPhee

Required Signature/Registered Agent

1/30/12
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.

Alfreda McPhee

Required Signature/Incorporator

1/30/12
Date