P12000027174

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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03/19/12--01010--018 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MRD 12

COVER LETTER

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

SUBJECT: Ocean Vista Vacations	s, Inc
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate o Status
	ADDITIONAL COPY REQUIRED
FROM: Curtis Leming	
Name	e (Printed or typed)
2012 Danford St	
•	Address
Naples, FL 34112	State & Zip
City,	State & Zip
630-429-0779 Daytime 1	elephone number
·	·
casacleming@gmail.con	n d for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED

	In compliance with Chapter 60)7 and/or Chapter 621, F	i.S. (Profit) 12 Map
ARTICLE I	NAME Ocean Vista Vacati	ons Inc	12 MAR 19 PM 1: 1
The name of the c	orporation shall be:	5110, 1110	SECRETARY OF STATE TALLAHASSEE, FLORID, Mailing address, if different is:
ARTICLE II	PRINCIPAL OFFICE		ALLAHASSEE STATE
	Principal street address	,	Mailing address, if different is:
	2012 Danford St		
J	Naples, FL 34112		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
	tion may engage in or transact ar		
the laws of ti	he United State, the State of Flori	da, any other state	e, country, territory, or nation.
ARTICLE IV	SHARES		
The number of sha	ares of stock is:The aggregate number of stock have outstanding at one time.		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC		.oo pai
Name and T	itle:Curtis Leming, President	Name and Title	Annette Leming, Vice President
Address:	2012 Danford St	Address:	2012 Danford St
	Naples, FL 34112		Naples, FL 34112
Name and T	Title:	Name and Title	:
Address:		Address:	
	itle:		
Address:		Address:	<u> </u>
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT accepta	ble) of the registered ager	nt is:
Name:	Christine Adams		
Address:	2012 Danford St		
	Naples, FL 34112		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Curtis Leming		
Address:	2012 Danford St		
	Naples, FL 34112		
	ned as registered agent to accept service of p am familiar with and accept the appointment		
()	(3/14/2012
	Required Signature/Registered Agen	nt	Date
I submit this doci document to the L	ument and affirm that the facts stated herei Spartment of State constitutes a third degree	in are true. I am aware felony as provided for it	that the false information submitted in s.817.155, F.S.