

P12000048479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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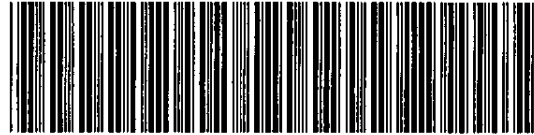
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/12--01016--009 **78.75

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12 MAY 23 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 05/24/12

COVER LETTER

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

SUBJECT: Deal Masters, 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: Kathryn Christ

Name (Printed or typed)

822 A1A N Suite 310

Address

Ponte Vedra Beach, FL 32082

City, State & Zip

904-451-7604

Daytime Telephone number

kathy@kathryncrist.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)

ARTICLE I NAME

Deal Masters, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
822 A1A N
Suite 310
Ponte Vedra Beach FL 32082

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100) and the par value of each such share is One Dollar (\$1.00).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathryn Christ, PDST	Name and Title: _____
Address: 822 A1A N	Address: _____
Suite 310	_____
Ponte Vedra Beach, FL 32082	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Kathryn Christ
Address: 822 A1A N Suite 310
Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathryn Christ
Address: 822 A1A N Suite 310
Ponte Vedra Beach FL 32082

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Kathryn Christ
Required Signature/Registered Agent

5-22-12
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.

Kathryn Christ
Required Signature/Incorporator

5-22-12
Date