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(Re	equestor's Name)	ч
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT:			Promotions,	
(PR	OPOSED CORPORAT	E NAME – <u>MUS</u>	T INCLUDE SUFFIX)	
Enclosed are an original and or	e (1) copy of the articl	es of incorporat	ion and a check for:	
\$70.00 \$78.75 Filing Fee & Certif	ee ficate of Status	\$78.75 Filing Fee & Certified C		
• . •			,	
FROM: Lynn Layfield Name (Printed or typed)				
4017 Ponce de Leon Avenue Address				
Jacksonville FL 32217 City, State & Zip				
(904) 864 - 4115 Daytime Telephone number				
L'un la field e 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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Atlantic Coast Promotions, Ir	OC
ARTICLE II PRINCIPAL OFFICE	
	uddress, if different is:
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
web-based camp planning tool.	
wes source party planting two.	
4 D T Y C T A D T C	12 JUN 12 JUN SECRETA ALLANA
The number of shares of stock is:	18 - 18 - 17 -
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS,	37 38 5
Name and Title: Lynn Lay Field - President Name and Title: Address: 4011 Ponce de Leon Ave. Address: Tacksonville, Fi 37217	25 L
Name and Title: Brian Litchie -Vice Pres. Name and Title: Address: 7866 Chase Meadows Address: Dr. West Jacksonville, FL 32756 - 402	
Name and Title: Lussell Girolamo' - Secretar Name and Title: Address: 12973 Buckthorn Ct. Address: Jax, FL 32246 - 996	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Jay, Fl. 32246	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Name: Address: 1017 Ponce de Leon Ave Jax, FL 32217	
Having been named as registered agent to accept service of process for the above stated corp this coefficient. Lam familiar with and accept the approintment as registered agent and agree to	
Muralle L. Dradam	6/13/2012
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the document to the Department of State constitutes a third degree felony as provided for in s.817.1.	
O'm () widen	6/13/2012
Required Signature/Incorporator	Date