

P12000067719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

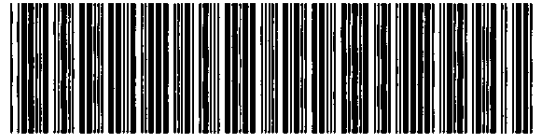
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG -3 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 06 2012

July 31, 2012

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

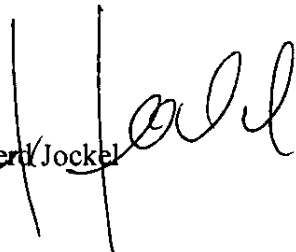
RE: Palmtree International Inc.
Document #P97000048263
Status: Inactive- Annual Report

Dear Sirs/Madam:

Please be advised that the above document was dissolved for non payment of annual report fees. I do not wish to reinstate this Corporation and release it at this time.

Thank you for your assistance in this matter.

Sincerely,


Gerd Jockel

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PALMTREE INTERNATIONAL 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: DIANA BLASCHZYK
Name (Printed or typed)

1314 LAFAYETTE STREET
Address

CAPE CORAL, FLORIDA 33904
City, State & Zip

239-549-2444
Daytime Telephone number

dblaschzyk@hillcocpa.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

The name of the corporation shall be: Palmtree International Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1314 Lafayette Street
Cape Coral, Florida 33904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vacation rental

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerd Jockel, Director
Address: 4916 Edith Esplanade
Cape Coral, Florida 33904

Name and Title: _____
Address: _____

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: Kathleen Flynn
Address: 1314 Lafayette Street
Cape Coral, Florida 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gerd Jockel
Address: 4916 Edith Esplanade
Cape Coral, Florida 33904

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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

Kathleen Flynn
Required Signature/Registered Agent

7/31/12
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.

Gerd Jockel
Required Signature/Incorporator

7/31/12
Date