

713000013071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

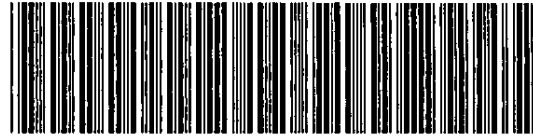
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: FOURTH AND LONG 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ALEXIS SOCKWELL

Name (Printed or typed)

5682 BENTGRASS DRIVE UNIT 212

Address

SARASOTA, FL 34235

City, State & Zip

941-914-6610

Daytime Telephone number

SOCKWELL04@AOL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: FOURTH AND LONG INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5682 BENTGRASS DRIVE UNIT 212
SARASOTA, FL 34235

Mailing address, if different is:

PO BOX 50922
SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ENTERTAINMENT
IN THE HOSPITALITY INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXIS SOCKWELL, PRESIDENT

Address: 5682 BENTGRASS DR UNIT 212
SARASOTA, FL 34235

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: ALEXIS SOCKWELL

Address: 5682 BENTGRASS DRIVE UNIT 212

SARASOTA, FL 34245

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXIS SOCKWELL

Address: PO BOX 50922

SARASOTA, FL 34232

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

Required Signature/Registered Agent

02/04/2013

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.

Required Signature/Incorporator

02/14/2013

Date
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 FEB -7 AM 11:51

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