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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Palm Beach Vintage Auctions 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: John Finger
Name (Printed or typed)

619 Sunset Rd.
Address

West Palm Bch, Fl. 33401
City, State & Zip

561-718-7291
Daytime Telephone number

jafiii@bellsouth.net
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
The name of the corporation shall be: Palm Beach Vintage Auctions Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
3621 South Dixie Hwy.
West Palm Beach, Fl
33405

Mailing address, if different is:
619 Sunset Rd
West Palm Bch, Fl.
33401

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: For the sale of household furnishings via on line Auctions

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Chappell President
Address: 1500 Normandy Rd
Ann Arbor MI
48103

Name and Title: John Finger Vice Pres.
Address: 619 Sunset Rd.
West Palm Bch, Fl
33401

Name and Title: Debra Chappell Treasurer
Address: 1500 Normandy Rd.
Ann Arbor MI
48103

Name and Title: Louise Pinson Sec.
Address: 619 Sunset Rd
West Palm Bch, Fl
33401

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(cont.)

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: John Finger

Address: 619 Sunset Rd.
West Palm Bch, Fl. 33401

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Finger

Address: 619 Sunset Rd.
West Palm Bch, Fl. 33401

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.

J. Finger
Required Signature/Registered Agent

8/6/13
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.

J. Finger
Required Signature/Incorporator

8/6/13
Date