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COVER LETTER

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

SUBJECT: DRESSEL PROPERTY OF SEBRING, 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	

_{ı.} James P. Eg	Name (Printed or typed)
P.O. Box 811	17
	Address
Sebring, FL 3	33872
	City, State & Zip
863-202-111	2
	Daytime Telephone number

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)

	ICIPAL OFFICE Principal street address	Mailing add	ress, if different is:	
MES P. EG/	· 	-	JAMES P. EGAN	
48 Castania	Dr.	P.O. Box 8117		
ebring, FL 33	3872	Sebring, FL 33872		
TICLE III PURF	ose e corporation is organized is:	and all business act	ivitv	
	e corporation is organized is: authorized under the la		س سرس	
Tillited and	authorized under the la	WS OI I IOIIUA.		
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	IAL OFFICERS AND/OR DIRECT	······································		
TICLE V INIT	<i>IAL OFFICERS AND/OR DIRECT</i> James P. Egan, D,P,S	Name and Title:	>	
Name and Title:	<i>IAL OFFICERS AND/OR DIRECT</i> James P. Egan, D,P,S P.O. Box 8117		>	
Name and Title:	<i>IAL OFFICERS AND/OR DIRECT</i> James P. Egan, D,P,S	Name and Title:	>	
Name and Title:	<i>IAL OFFICERS AND/OR DIRECT</i> James P. Egan, D,P,S P.O. Box 8117	Name and Title:	>	
Name and Title: Address	<i>IAL OFFICERS AND/OR DIRECT</i> James P. Egan, D,P,S P.O. Box 8117	Name and Title:Address:		
Name and Title: Address	JAL OFFICERS AND/OR DIRECT James P. Egan, D,P,S P.O. Box 8117 Sebring, FL 33872	Name and Title: Address: Name and Title:		
Name and Title; Address Name and Title:	Jahres P. Egan, D,P,S P.O. Box 8117 Sebring, FL 33872	Name and Title: Address: Name and Title:		
Name and Title; Address Name and Title:	Jahres P. Egan, D,P,S P.O. Box 8117 Sebring, FL 33872	Name and Title: Address: Name and Title:		
Name and Title: Address Name and Title: Address	James P. Egan, D,P,S P.O. Box 8117 Sebring, FL 33872	Name and Title: Address: Name and Title: Address:		
Name and Title: Address Name and Title: Address	Jahres P. Egan, D,P,S P.O. Box 8117 Sebring, FL 33872	Name and Title: Address: Name and Title: Address: Name and Title:		

Name ar	nd Title:	Name and Title:	
Address	S	_ Address:	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u> Name:	Iorida street address (P.O. Box NOT acceptable) o James P. Egan	of the registered agent is:	T AUG SECRET
Address:	5548 Castania Dr.		E 26 TAR
	Sebring, FL 33872	_	μ-ψ-yΣ
ARTICLE VII	INCORPORATOR		PH 12: 47 OF STATE
The <u>name and a</u>	ddress of the Incorporator is:		P
Name:	James P. Egan	_	
Address:	P. O. Box 8117	_	
	Sebring, FL 33872	_	
	med as registered agent to accept service of process am familiar with and accept the appointment as rej		
	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false in a sprovided for in s.817.155, F.	nformation submitted in a S. 8//S//3
	Required Signature ly corporator		Date