

P13000074289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

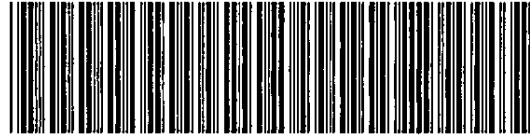
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13 SEP -9 PM 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M125  
9/11/13

## COVER LETTER

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

SUBJECT: **White Castle Rentals 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: **Alyssa Bratkovich**

Name (Printed or typed)

**7701 Timberlin Park Blvd # 1615**

Address

**Jacksonville Fl. 32256**

City, State & Zip

**904-616-0094**

Daytime Telephone number

**whitecastlerentals@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 INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: White Castle Rentals Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7701 Timberlin Park Blvd # 1615

Jacksonville Fl. 32256

Mailing address, if different:

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this organization is to provide quality and affordable rental homes.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Johnathan DeAugust/Chairman

Address: 7701 Timberlin Park Blvd # 1615

Jacksonville Fl. 32256

Name and Title: Alyssa Bratkovich/ President

Address: 7701 Timberlin Park Blvd # 1615

Jacksonville Fl. 32256

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 SEP -9 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

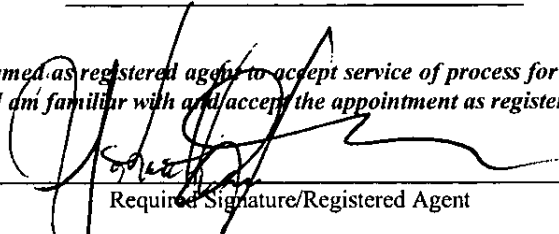
Name: Johnathan DeAugust  
Address: 7701 Timberlin Park Blvd # 1615  
Jacksonville Fl. 32256

**ARTICLE VII INCORPORATOR**

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

Name: Alyssa Bratkovich  
Address: 7701 Timberlin Park Blvd # 1615  
Jacksonville Fl. 32256

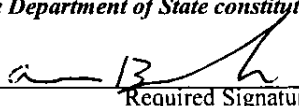
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/13/13

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

08/13/13

\_\_\_\_\_  
Date