P1300082581

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

W13000050239



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09/06/13--01008--013 **87.50

13 OCT -7 PH 4: 00

N OF CORPORATIONS

En 10/8/13

COVER LETTER

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

SUBJECT: Saint Augustine Bea (PROPOSED CORPORA	CN CIUD, INC. TENAME – MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
State of Status Already Sent Check W/ previous Application.	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Jon Benoit		•
Name	(Printed or typed)	
21-D casanova Ro	ad	
	Address	
St Augustine, FL 3	2080 State & Zip	
904-540-0365	w enp	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

jonbenoit@behstbuilders.com

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

12 OCT -7 PH 4: 00



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2013

JONATHAN R. BENOIT 21-D CASANOVA ROAD ST. AUGUSTINE, FL 32080

SUBJECT: SAINT AUGUSTINE BEACH CLUB INCORPORATED

Ref. Number: W13000050239

We have received your document for SAINT AUGUSTINE BEACH CLUB INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 813A00021386

SECUL TARY OF STATE
SECUL OF CORPORATIONS
ON OF THE TARY OF STATE
OF CORPORATIONS

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CLE II PRI	NCIPAL OFFICE		13 OCT -7 P
	Principal street address		Mailing address, if different is:
D Casar	ova Rd		
Augustin	e, FL 32080		
		· 	
CLE III PUR	POSE the corporation is organized is:	nt Augustine B	Beach Club, Inc. is organized
rovide a	community pool and	parking a	at the beach for
nt Johns	County residents and	property	owners. The
pose is t	o provide a family frie	ndly envi	ronment where
mbers of	all ages can gather a	nd enjoy	the beach.
•		•	
	1RES 1000		
CLE IV SH mber of shares o			
mber of shares o	Stock is: 1000		
mber of shares o	Stock is: 1000 TIAL OFFICERS AND/OR DIRECTO		Bailev Benoit, Vice-Presider
mber of shares of the control of the	TIAL OFFICERS AND/OR DIRECTO E. Jon Benoit, Presiden	Name and Titl	
mber of shares o	TIAL OFFICERS AND/OR DIRECTO E. Jon Benoit, Presiden 21-D Casanova Rd		21-D Casanova Ro
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mber of shares of CLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO E. Jon Benoit, Presiden 21-D Casanova Rd	Name and Titl Address:	21-D Casanova Ro St Augustine, FL 32080
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Name ar	nd Title:	Name and Title:
. Address	5	Address:
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of Jon Benoit 21-D Casanova Rd St Augustine, FL 32080	f the registered agent is:
ARTICLE VII The name and	INCORPORATOR ddress of the Incorporator is: Jon Benoit 21-D Casanova Rd	- -
	St Augustine, FL 32080 med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felor Required Signature/Incorporator	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	required organization mediporator	SECNETARY OF LORP 19 OCT -7 PM