

P 13000087300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

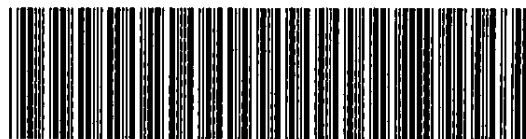
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 PM 2:16

gf 10/24/13

COVER LETTER

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

SUBJECT: Beachside Transportation, 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: Sarah Matthews

Name (Printed or typed)

3190 North Atlantic Ave - Suite 101

Address

Cocoa Beach, FL 32931

City, State & Zip

(321) 806-5920

Daytime Telephone number

brianwood25@gmail.com

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

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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)

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ARTICLE I NAME

The name of the corporation shall be: Beachside Transportation, Inc. 13 OCT 21 PM 2: 16

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3190 N. Atlantic Avenue

101

Cocoa Beach, FL 32931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthews, Sarah (Director) Name and Title: _____

Address 3190 N. Atlantic ave 101 Address: _____
Cocoa Beach, FL 32931

Name and Title: Wood, Brian (Director) Name and Title: _____

Address 3190 N. Atlantic Ave 206 Address: _____
Cocoa Beach, FL 32931

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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:

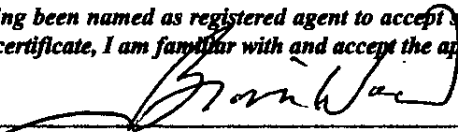
Name: Brian Wood
Address: 3190 N Atlantic Ave 101
Cocoa Beach, FL 32931

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah Matthews
Address: 3190 N Atlantic Ave 101
Cocoa Beach, FL 32931

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

15 OCT 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

15 OCT 2013

Date

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