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(Re	questor's Name)	
(rec	questor s riame,	
(Ad	dress)	
γ. ιω	u1000)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

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

SUBJECT: Gul	f Coast Realty, P.	.A.	
SCHOLET.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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: F	rancis T. Schultz	e (Printed or typed)	
23	35 N Collier Blvd		
	,	Address	
M	arco Island, FL		
23	39-821-3839	State & Zip Telephone number	
fs	chultz07@yahoo.co	om	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)

	In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)	SEPTER PROVIDE
ARTICLE I NA	ME Gulf Coast Realty,	P.A.	SIVISION OF CORPURATE
	INCIPAL OFFICE Principal street address		2014 FEB - 3 AM 1: 26 ress, if different is:
Marco Island			
ARTICLE III PUT The purpose for which	RPOSE Real Es	state Brokerage	
	IARES of stock is: ITIAL OFFICERS AND/OR DIRECTOR tle: Francis T Schultz, President		
	235 N Collier Blvd		
Address	Marco Island, FL 34145	Address:	
Name and Titl	e:		
Name and Titl	le:	Name and Title:	
Address			
	* * * * * * * * * * * * * * * * * * * *		

,			STVISION OF TOOL STALL
Name and	Title:	_ Name and Title:	2014 FEB - 3 AM 1: 26
Address		_ Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) c	of the registered agent is:	
Name:	Francis T Schultz	_	
Address:	235 N Collier Blvd		
	Marco Island, FL 34145	_	
ARTICLE VII	INCORPORATOR		
The name and add	Iress of the Incorporator is:		
Name:	Francis T Schultz	_	
Address:	235 N Collier Blvd	_	
	Marco Island, FL 34145		
Having been name this certificate, I an	ed as registered agent to accept service of proces on familiar with and accept the appointment as re Required Signature/Registered Agent	ss for the above stated corpor egistered agent and agree to a	ration at the place designated in ct in this capacity Date
I submit this docu	ment and affirm that the facts stated herein fire epartment of State constitutes a third degree felo Required Signature/Incorporator	e true. I am aware that the fa by as provided for in s.817.15	alse information submitted in a is, F.S. 30 14 Date