

P14000015381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

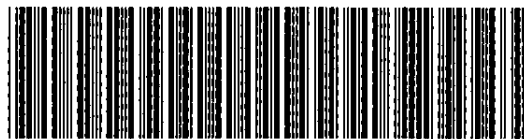
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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2014 FEB 19 AM 1:07

WJH

COVER LETTER

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

SUBJECT: SUMMER WIND AMICI 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: Wm G. Pontrello
Name (Printed or typed)

619 CHESTNUT ST
Address

CLEARWATER, FL 33756
City, State & Zip

727-440-0439
Daytime Telephone number

PONTRELLOLAW@TAMPA.BAY.FL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles. 2?



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

WM. G PONTRELLO
619 CHESTNUT ST
CLEAR WATER, FL 33576

SUBJECT: SUMME WIND AMICI INC.
Ref. Number: W14000004959

We have received your document for SUMME WIND AMICI INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 714A00001684

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: SUMMERWIND AMICI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

619 CHESTNUT ST.
CLEARWATER, FL.
33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RECREATION

ARTICLE IV SHARES

The number of shares of stock is: 100

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 FEB 18 AM 1:07

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANDY MILES - PRES. Name and Title: PRESIDENT

Address: 311 12th AVE. Address: _____
INDIAN ROCK BEACH
FL. - 33785

Name and Title: JOEL KEHRER - VP Name and Title: VICE PRESIDENT

Address: 1333 STARKEY RD. Address: _____
LARGO, FL. - 33771

Name and Title: CHARLE HARRIS - SEC. Name and Title: SECRETARY

Address: 216 16th AVE. Address: _____
INDIAN ROCKS BEACH
FL. - 33785

(conti.)

Name and Title: BILLY GUY PONTRELLO Name and Title: TREASURER
Address: 305 12th AVE. Address: _____
INDIAN ROCK BEACH _____
FL. - 33785 _____

ARTICLE VI REGISTERED AGENT

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

Name: WILLIAM G. PONTRELLO
Address: 619 CHESTNUT
CLEARWATER, FL. - 33756

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM G. PONTRELLO
Address: 619 CHESTNUT
CLEARWATER, FL. - 33756

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

[Signature] PA
Required Signature/Registered Agent

2/3/14
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.

[Signature]
Required Signature/Incorporator

2/3/14
Date

FILED
NOTARY PUBLIC
DIVISION OF CORPORATIONS
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