Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : 120030000112

: (239) 552-4100

Fax Number

: (239)649~1706

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** JEH @ SWBCL. COM

FLORIDA PROFIT/NON PROFIT CORPORATION STRAWBERRY HILL INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000059988 3)))

COVER LETTER

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

SUBJECT: STRAWBERRY HILL INTERNATIONAL, INC.

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 ADDITIONAL CU	Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: C	. Lane Wood		
		e (Printed or typed)	
91	132 Strada Place	e, Fourth Floo	r
		Address	
N	aples, FL 34108		;
		, State & Zip	
23	39-552-4100		
	Daytime '	Telephone number	
<u>jlh</u>	@swbcl.com E-mail address: (to be us	ed for future annual report	notification)

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

(((H14000059988 3)))

ARTICLES OF INCORPORATION

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



	RINCIPAL OFFICE Principal street address	Mailing address, if different is:
32 Strada		
urth Floor	<u> </u>	
ples, FL	34108	
PUTPOSE for White	the corporation is organized is: To hold	real property for investment
		<u> </u>
TICLE IV 8	HARES 4 000	
MCLE V 1	HARES of stock is: 1,000 NITIAL OFFICERS AND/OR DIRECTORS Citle: David O'Driscoll, Director	
MCLE V 1	NITIAL OFFICERS AND/OR DIRECTORS Sitte: David O'Driscoll, Director 23 Burleigh Court	
MCLE V 1	NITIAL OFFICERS AND/OR DIRECTORS Sitte: David O'Driscoll, Director 23 Burleigh Court	Name and Title:
MCLE V 1	NITIAL OFFICERS AND/OR DIRECTORS Citle: David O'Driscoll, Director 23 Burlelgh Court	Name and Title:
MCLE V 1	PARTIAL OFFICERS AND/OR DIRECTORS Citle: David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND	Name and Title:
Name and T	David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND Kimberly O'Driscoll, Director	Name and Title; Address:
Name and T Address Name and T	David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND Kimberly O'Driscoll, Director	Name and Title: Address: Name and Title:
Name and T Address Name and T	David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND Kitte: Kimberly O'Driscoll, Director 23 Merton Close	Name and Title:
Name and T Address Name and T Address	David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND Kimberly O'Driscoll, Director 23 Merton Close Mount St Annes	Name and Title: Address: Name and Title: Address:
Name and T Address Name and T Address	David O'Driscoll, Director 23 Burleigh Court Burlington Road Ballsbridge, Dublin 4 IRELAND Kimberly O'Driscoll, Director 23 Merton Close Mount St Annes Milltown, Dublin 6 IRELAND	Name and Title: Address: Name and Title: Address:

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EALED SECREMARY OF S (COOK) DIVISION OF CORPUSATION

•			2014 MAR 12	AM 1:21
Name a	nd Title:	Name and Titte:		
Addres		Address:		
		·		
ARTICLE VI	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of	the registered agent (is:	
Name:	Salvatori Wood Buckel Carmichael & Lottes			
Address:	9132 Strada Place, Fourth Floor			
	Naples, FL 34108			
ARTICLE VII The name and a Name:	INCORPORATOR address of the Incorporator is: C. Lane Wood			
Address:	9132 Strada Place, Fourth Floor			
11441725	Naples, FL 34108			
this certificate,) Y submit this do	med as registered agent to accept service of process am familiar with and accept the appointment as region for the service of process Required Signature/Registered Agent cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	stered agent and age	ree to act in this cap 3 -	Date
	Partitude Standburg/Hoomstan		3-	12-19
	Required Signature/Incorporator		<u></u>	Date