

P14000030404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

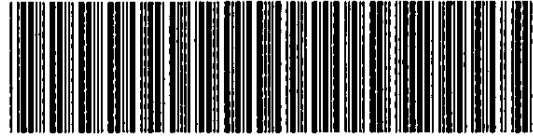
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-17015

Office Use Only



000257469420

03/13/14--01013--001 \*\*87.50

RECEIVED  
DIVISION OF COST ACCOUNTS  
2014 APR -3 PM 2:08

1/4

**COVER LETTER**

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

SUBJECT: White Sandy Beaches Bahama Tours  
(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	<u>\$87.50</u>
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Sarah E. Roberts  
Name (Printed or typed)

\* 11143  
Address

Tampa, Florida 33680  
City, State & Zip

813. 531. 4806  
Daytime Telephone number

Sarahliz0907@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2014

SARAH E. ROBERTS  
5628 EAST CHELSEA RD  
TAMPA, FL 33610

SUBJECT: WHITE SANDY BEACHES - BAHAMA TOURS  
Ref. Number: W14000017015

We have received your document for WHITE SANDY BEACHES - BAHAMA TOURS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please complete the mailing address.

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: 314A00005731

**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: White Sandy Beaches - Bahama Tours INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5628 East Chelsea Rd.\* 11143 P.O. BoxTampa; FL 33610Tampa FloridaZip 33680**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To organize vacation  
tours.**ARTICLE IV SHARES**The number of shares of stock is: 1 share**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sarah

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

RECEIVED  
DIVISION OF STATE REGISTRATION  
2014 APR -3 PM 2:08

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 APR -3 PM 2:00

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

Name: Sarah Roberts  
Address: 5628 E. Chelsea Rd.  
Tampa, FL 33610

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Sarah Roberts  
Address: 5628 E. Chelsea Rd.  
Tampa, FL 33610

*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*

\* S. Roberts 3-11-14  
Required Signature/Registered Agent 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.*

\* S. Roberts 3-11-14  
Required Signature/Incorporator Date