

P14000035714

(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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04/21/14--01030--003 **78.75

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14 APR 21 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/22/14

COVER LETTER

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

SUBJECT: **Island Golf Cart Rentals 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: **Georgia Powel**

Name (Printed or typed)

346 Cascade Ln

Address

Palm Beach Shores, FL 33404

City, State & Zip

561-881-9105

Daytime Telephone number

gapowel@hotmail.com

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

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TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be:

Island Golf Cart Rentals Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

346 Cascade Ln

Palm Beach Shores, FL 33404

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rent street legal golf carts

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Georgia Powel, CEO

Name and Title: _____

Address

346 Cascade Ln

Address: _____

Palm Beach Shores, FL 33404

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: Georgia Powel

Address: 346 Cascade Ln

Palm Beach Shores, FL 33404

ARTICLE VII INCORPORATOR

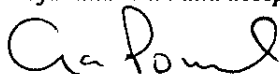
The name and address of the Incorporator is:

Name: Georgia powel

Address: 346 Cascade Ln

Palm Beach Shores, FL 33404

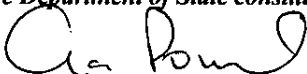
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4 / 16 / 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.



Required Signature/Incorporator

4 / 16 / 14
Date

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