P14000035800

(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:					
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Office Use Only



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JIVISION OF CORPORATION

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COVER LETTER

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

Coa SUBJECT:	istal Ventures of Sarasota Inc	•			
SOBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the art	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status		
	ADDITIO		NAL COPY REQUIRED		
FROM:	Name (Printed or typed)				
• 	1251 S Tamiami Trail				
, ·	Sarasota, FL 34239	Address			
-	City, State & Zip				
•	941.312.5270				
_	Daytime Telephone number				
ı	kim@kimspeaker.com				
_	E-mail address: (to be use	ed for future annual report	notification)		

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

in compitance with Chapter out and/or Chapter 021, 11.5. (F1011)

ne of the corpor		OF Sarasota Inc.	11. 11
LE II PR	INCIPAL OFFICE Principal street address	Malling address, profifice	,- nt in:
S Tamiami		Maning and 422, Histories	20s.
ota, FL342	239		
TICLE III PURPOSE		transaction of any or all lawful	
4	the corporation is organized is:	novotod	
ises for whi	ch corporations may be incor	porated.	
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CLE IV SH nber of shares o	ARES 1000 If stock is:		
nber of shares o	of stock is:	CTORS	
nber of shares o	of stock is: ITIAL OFFICERS AND/OR DIRE Kimberly Speaker, Pres	CTORS Name and Title:	
nber of shares of the view of	of stock is: ITIAL OFFICERS AND/OR DIRE Kimberly Speaker, Pres	Name and Title:	
nber of shares o	of stock is: TTIAL OFFICERS AND/OR DIRE Kimberly Speaker, Pres le: 209 21st Street NE		
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nber of shares of the view of	rtial officers and/or directly Speaker, Pres le: 209 21st Street NE Bradenton, FL 34208 Joseph Dowling, VP	Name and Title:	
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Name ar	nd Title:	Name and Title:
Address		Address: 2814 APR 21 PM 3: 20
ARTICLE VI	REGISTERED AGENT	
The name and F Name:	lorida street address (P.O. Box NOT acceptable) (Kimberly Speaker	of the registered agent is:
213330	1251 S Tamiami Trail	-
Address:	Sarasota, FL 34239	_
ARTICLE VII	INCORPORATOR Idress of the Incorporator is: Kimberly Speaker	
Name: Address:	1251 S Tamiami Trail	_
	Sarasota, FL 34239	_
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity 04/08/14
	Required Signature/Registered Agent	Date
	. ()	true. I am aware that the false information submitted in a
	A she	04/08/14
	Required Signature/Incorporator	Date