

P/400044358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

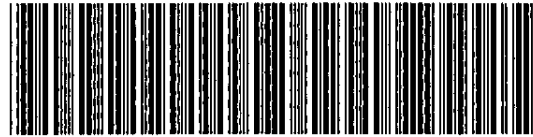
Special Instructions to Filing Officer:

Letter to Release Attached

sq

5-2014

Office Use Only



600259943486

05/19/14--01014--001 **70.00

14 MAY 19 AM 11:27

CLERK OF COURT
DIVISION OF INFORMATION

sq
5-2014

May, 07, 2014

FROM: GENO POITIER

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

RE: REINSTATEMENT OF "SHORESHOOTS ENTERTAINMENT INC"

TO WHOM IT MAY CONCERN

I GENO POITIER IS WRITING THIS LETTER PRETAINING TO BUSINESS RENEWAL FEE OF "SHORESHOOTS ENTERTAINMENT INC". I CANT AFFORD THE CURRENT RENEWAL FEE ISSUED TO PAY FOR THE REINSTATEMENT OF "SHORESHOOTS ENTERTAINMENT INC". I WOULD TO KEEP THE NAME AND CONTINUE DOING BUSINESS AS "SHORESHOOTS ENTERTAINMENT INC". I CAN ONLY AFFORD PAY THE \$70.00 FILING FEE AT THIS MOMENT. PLEASE CONTACT ME IF ANYONE HAS ANY QUESTIONS OR NEED ANYMORE ADDITIONAL INFORMATION CONCERNING THE IS MATTER.

GENO POITIER

(754) 214-8849

05/07/14

COVER LETTER

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

SUBJECT: **SHORESHOOTS ENTERTAINMENT 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **GENO POITIER**
Name (Printed or typed)

955 AHMAD STREET
Address

OPA LOCKA FL 33054
City, State & Zip

754-214-8849
Daytime Telephone number

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

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:

SHORESHOOTS ENTERTAINMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

955 AHMAD STREET

OPA LOCKA FL 33054

Mailing address, if different is:

955 AHMAD STREET

OPA LOCKA FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENTERTAINMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GENO POITIER (P)

Address: 955 AHMAD STREET
OPA LOCKA FL 33054

Name and Title: GENO POITIER CEO

Address: 955 AHMAD STREET
OPA LOCKA FL 33054

Name and Title: GENO POITIER S

Address: 955 AHMAD STREET
OPA LOCKA
FL 33054

Name and Title: GENO POITIER T

Address: 955 AHMAD STREET
OPA LOCKA
FL 33054

Name and Title:

Address:

Name and Title:

Address:

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:

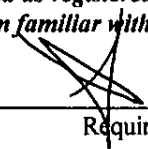
Name: GENO POITIER
Address: 955 AHMAD STREET
OPA LOCKA FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GENO POITIER
Address: 955 AHMAD STREET
OPA LOCKA FL 33054

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

05/12/2014

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

05/12/2014

Date