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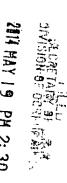
(Requestor's Name)			
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
·	-	ŕ	
(Do	cument Number)		
(3.5	,		
Certified Copies	Certificates	e of Statue	
Cerunea Copies	_ Certificates	S OI Status	
Special Instructions to	Filing Officer:		
			

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COVER LETTER

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

	mingway Sunset Run ゴ∩c <i>。</i>	•	
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation an	d a check for:
☐ \$70.0 Filing Fe	0 \$78.75 e Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQ	
FROM:	Barbara Wright	ne (Printed or typed)	
	1719 Washington Street		
-	Key West, FL 33040	Address	
,	City	y, State & Zip	
	305-240-0727	·	
•	Daytime	Telephone number	
	bwpromo3@bellsouth.net		
-	E-mail address: (to be us	sed 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)

	Hemingway Sunset	Run Inc.	
The name of the corp			
<u>ARTICLE II </u>	PRINCIPAL OFFICE	Mailing addres	s, if different is:
Principal street address 1719 Washington Street		ivaning addies	s, ii different is.
Key West, FL 3	33040		
	, , , , , , , , , , , , , , , , , , ,		
ARTICLE III P The purpose for whi	URPOSE A ong ch the corporation is organized is:	oing event (5K Run)	
			20 3 YEAR
			THE STATE OF THE S
			PH
ARTICLE IV S			PH 2: 3
The number of share	s of stock is:		~ ~
ARTICLE V 1	INITIAL OFFICERS AND/OR DIREC	TORS	
	Barbara Wright/Director		
Name and	Title: 1719 Washington Street	Name and Title:	
Address	1719 Washington Street	Address:	
	Key West, FL 33040		
			-
•	*		
Name and T	`itle:	Name and Title:	
Address		Address:	
			
Name and T	Title:	Name and Title:	
Address		Address:	
	-		

· Name an	d Title:	_ Name and Title	TIVISION OF AUTO
Address		Address:	2014 MAY 19 PM 2: 30
ARTICLE VI	REGISTERED AGENT		
The name and Fl Name:	orida street address (P.O. Box NOT acceptable) Barbara Wright	of the registered age	ent is:
Address:	1719 Washington Street	<u>-</u>	
Audioss.	Key West, FL 33040	_	
ARTICLE VII The name and ad Name: Address:	INCORPORATOR dress of the Incorporator is: Barbara Wright 1719 Washington Street	-	
11441055.	Key West, FL 33040	- 	
Having been nam this certificate, I a	ned as registered agent to accept service of proces um familiar with and accept the appointment as re	ss for the above sta egistered agent and	ted corporation at the place designated in agree to act in this capacity
Da	Dava West		5/13/2014
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Depaytment of State, constitutes a third degree felo		
Bay	bun Wied		5/13/2014
TNU	Required Signature/Incorporator	 -	Date