

P14000044369

(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:

Office Use Only



100260216331

05/19/14--01014--006 **78.75

2014 MAY 19 PM 2:30
DIVISION OF REVENUE
SECRETARY OF TREASURY

VH

COVER LETTER

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

SUBJECT: Hemingway Sunset Run *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: Barbara Wright
Name (Printed or typed)
1719 Washington Street
Address
Key West, FL 33040
City, State & Zip
305-240-0727
Daytime Telephone number
bwpromo3@bellsouth.net
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

Hemingway Sunset Run INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1719 Washington Street

Key West, FL 33040

ARTICLE III PURPOSE

A ongoing event (5K Run)

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Wright/Director

Name and Title: _____

Address 1719 Washington Street

Address: _____

Key West, FL 33040

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
DIVISION OF CORP. REG.
2014 MAY 19 PM 2:30

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2014 MAY 19 PM 2:30

ARTICLE VI REGISTERED AGENT

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

Name: Barbara Wright
Address: 1719 Washington Street
Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Wright
Address: 1719 Washington Street
Key West, FL 33040

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

Barbara Wright
Required Signature/Registered Agent

5/13/2014

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.

Barbara Wright
Required Signature/Incorporator

5/13/2014

Date