## P1400076898

(Requestor's Name)				
(Address)				
(Address)				
, ,				
(City/State/Zip/Phone #)				
(ony, outside), none ny				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
estation despites				
Special Instructions to Filing Officer:				

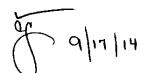
Office Use Only



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14 SEP 15 PM 1: 2:
SECRETARY OF STATE
TAIL ARE SEEF IN SERVI



## **COVER LETTER**

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

SUBJECT: List the Beach FL, Inc.						
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	_		
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	l a check for:	•		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
		· <u></u>		1		
FROM: M	.E. Cassidy		·			
	O. Box 366	e (Printed or typed)				
P:	anama City, FL 3	Address 32402	TA:	<u>.</u> 1		
<u> </u>		State & Zip		% <b>₹</b>		
850-545-5466						
Daytime Telephone number  ListTheBeach@gmail.com						
Lis		ed for future annual report	notification)	1: 23		

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)

FILFD

ICLE I NA		L, Inc.	14 SEP 15 PM
ICLE II PRINCIPAL OFFICE			SECRETARY OF ST Mailing address, if different is: EE, FLO
Principal <u>street</u> address 217 Buena Vista Blvd		P.0	. Box 366
nama City	, FL 32401	Pan	ama City, FL 32402
ICLE III PU urpose for which velop Proj	RPOSE the corporation is organized is:  Derty.	ell property. I	Rehab properties. Lease property
ICLE V IN	of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTO Ile: Mary Ellen Cassidy, co-Presider		
umber of shares o	TTIAL OFFICERS AND/OR DIRECTOR  Cle: P.O. Box 366	Name and Tit  Address:	P.O. Box 366
CLE V IN  Name and Tit	of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTO Ile: Mary Ellen Cassidy, co-Presider	Name and Tit  Address:	le:
umber of shares of the shares of the share o	TTIAL OFFICERS AND/OR DIRECTOR  Cle: P.O. Box 366	Name and Tit Address:	P.O. Box 366 Panama City, FL 32402
umber of shares of the shares of the share o	THAL OFFICERS AND/OR DIRECTOR  the: Mary Ellen Cassidy, co-Presider  P.O. Box 366  Panama City, FL 32402	Name and Tit  Address:  Name and Tit  Name and Tit	P.O. Box 366 Panama City, FL 32402
Name and Titl	TTIAL OFFICERS AND/OR DIRECTO  ale: Mary Ellen Cassidy, co-Presider  P.O. Box 366  Panama City, FL 32402	Name and Tit  Address:  Name and Tit  Name and Tit	P.O. Box 366 Panama City, FL 32402
Name and Titl Address  Address	TTIAL OFFICERS AND/OR DIRECTO  ale: Mary Ellen Cassidy, co-Presider  P.O. Box 366  Panama City, FL 32402	Name and Tit Address:  Name and Tit Address:	P.O. Box 366 Panama City, FL 32402
Name and Titl Address  Address	TTIAL OFFICERS AND/OR DIRECTO  Cle: Mary Ellen Cassidy, co-Presider  P.O. Box 366  Panama City, FL 32402	Name and Tit  Address:  Name and Tit  Address:  Name and Tit  Name and Tit	P.O. Box 366 Panama City, FL 32402

Name and	i Title:	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
ARTICLE VI	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Mary Cassidy	
Address:	1217 Buena Vista Blvd.	
	Panama City, FL 32401	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	·
Name:	Mary Cassidy	
Address:	P.O. Box 366	
	Panama City, FL 32402	
	ned as registered agent to accept service of process on familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
J Max	Required Signature/Registered Agent	9-/-/4 Date
I submit this dom	(1)	true. I am aware that the false information submitted in a
document to the I	Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.
1100	Required Signature/Incorporator	9-/-/4 Date
		= <del>4.0</del>
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