P14000087003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

14 OCT 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: 215 Delray 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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	■ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: jan goodman
Name (Printed or typed)

PO box 480427
Address

Delray Beach, FL 33448
City, State & Zip

561-330-4688 or 917-270-5151
Daytime Telephone number

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

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

APPROVED AND FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 OCT 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: 215 Delray Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 215 NE 17th Street, Delray Beach FL 33444

Mailing address, if different it is: PO Box 480427 Delray Beach, FL 33448

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: real estate holding

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: jan goodman
Address: PO Box 480427 Delray Beach, FL 33448

Name and Title: president
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

APPROVED AND FILED (conti.)

14 OCT 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: jan goodman

Address: 9782 napoli woods lane

delray beach , fl 33446

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jan Goodman

Address: PO Box 430427

Delray Beach, FL 33448

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

_____ 10/21/14

Required Signature/Registered Agent 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.

_____ 10/21/14

Required Signature/Incorporator Date