

P14000087003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

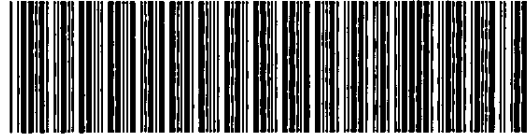
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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14 OCT 23 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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      ☐ \$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: **jan goodman**

Name (Printed or typed)

**PO box 480427**

Address

**Delray Beach, FL 33448**

City, State & Zip

**561-330-4688**

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.**

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

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AND  
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**ARTICLE I NAME**

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

14 OCT 23 PM 3:06

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

215 NE 17th Street, Delray Beach  
FL 33444

Mailing address, if different is: **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

Name and Title: president

Address PO Box 480427

Address: \_\_\_\_\_

Delray Beach, FL

33448

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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AND  
FILED

(cont.)

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|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 33446

*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

10/21/14  
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

10/21/14  
Date