

P.14000102583

(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



300267712763

12/30/14--01026--002 **70.00

FILED
14 DEC 30 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/31/14

COVER LETTER

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

SUBJECT: **Islander Bike Rentals, 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: **Daniel Lazar**

Name (Printed or typed)

170 Roosevelt Drive #24

Address

Sarasota, FL 34236

City, State & Zip

941-388-1004

Daytime Telephone number

daniel@lidoislander.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 30 PM 2:37

FILED

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

The name of the corporation shall be: Islander Bike Rentals, Inc.

FILED

14 DEC 30 PM 2:37

ARTICLE II PRINCIPAL OFFICE

Principal street address

170 Roosevelt Dr #24

Sarasota, FL 34236

Mailing address, if different is:

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a bike rental company.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Lazar, President

Name and Title: _____

Address 170 Roosevelt Dr #24

Address: _____

Sarasota, FL 34236

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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:

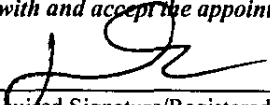
Name: Daniel Lazar
Address: 170 Roosevelt Dr #24
Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

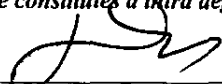
Name: Daniel Lazar
Address: 170 Roosevelt Dr, #24
Sarasota, FL 34236

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

12/24/14
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

12/24/14
Date

FILED
14 DEC 30 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA