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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6381

From:

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Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION DONALD AND MARTHA BOYETTE APARTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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κ 03/19/15

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Donald and Martha Boyette Apartments, 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: Albert R Cohen CPA
Name (Printed or typed)
11420 N Kendall Dr. Suite 203
Address
Miami, FL 33176
City, State & Zip
305 271-3666 ext 205
Daytime Telephone number
golf4foodd@aol.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)

ARTICLE I NAME
The name of the corporation shall be: Donald and Martha Boyette Apartments, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3111 N Ocean Dr. Apt 1109
Hollywood, FL 33019
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Apartment rental

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Donald Boyette, President</u>	Name and Title:	_____
Address:	<u>3111 N Ocean Dr. Apt 1109</u> <u>Hollywood, FL 33019</u>	Address:	_____ _____

Name and Title:	<u>Martha Boyette, Vice President</u>	Name and Title:	_____
Address:	<u>3111 N Ocean Dr. Apt 1109</u> <u>Hollywood, FL 33019</u>	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address:	_____ _____ _____	Address:	_____ _____ _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
500
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HALL 500

(cont.)

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: Martha Boyette
Address: 3111 N Ocean Dr. Apt 1109
Hollywood, FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert r Cohen
Address: 11420 N Kendall Dr. Suite 203
Miami, FL 33176

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

Martha Boyette
Required Signature/Registered Agent

3/18/15
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.

Albert R. Cohen
Required Signature/Incorporator

3/18/15
Date

SECRET
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