

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HARRY G. REID, III

Account Number : I20010000189 Phone : (407)321-3911 Fax Number : (407)321-1467

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 EAST COAST TROPICALS, INC.

Certificate of Status	1	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$87.50	

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SECTION OF CONTRACT CONTRACT

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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: EAST COAST TROPICALS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 Faye Street Apopka, Florida 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in or transact any or all lawful activities permitted under the laws of the United Sates, the State of Florida or any other State, County, Territory or Nation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Andrews, President and Director

Address: 200 Faye Street, Apopka, Florida 32712

Name and Title: Daniel Tedder, Vice President and Director
Address: 1010 Rocky Ridge Drive, Cherryville, NC 38021

Name and Title: Bridget Andrews, Secretary and Treasurer Address: 200 Faye Street, Apopka, Florida 32712

ARTICLE VII REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Richard Andrews

Address: 200 Faye Street, Apopka, Florida 32712

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name:

Richard Andrews

Address:

200 Faye Street, Apopka, Florida 32712

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, fam familiar with and accept the appointment as registered agent and agree to act

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,

Required Signature/Interporator

3/27/15 Date