P15 000048572

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e#) .		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	rtified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

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COVER LETTER

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

SUBJECT: Flor	rida Beach Homes, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:
S70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Susan C. Thorne Name	(Printed or typed)	
	104 Skyline Boulevard		
	A	ddress	· · · · · · · · · · · · · · · · · · ·
	Satellite Beach, FL 32937		
	City,	State & Zip	
	321-368-0471		
	Daytime To	elephone number	
	thornesusan@yahoo.com		
	E-mail address: (to be used	for future annual report r	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 NA The name of the cor	ME Florida Beach F Florida Beach F	Iomes, Inc.		e
ARTICLE II PR	Principal street address vard		Mailing addre	ess, if different is:
Satellite Beach, FL		·····	<u> </u>	
	IRPOSE ich the corporation is organized i		onal real estate services and	d consultation.
				25 21
				JUH-1
				97 T
Name and Title: Susan C. Thorne, Preside	Na	ume and Title:		
Address	Satellite Beach, FL 32937	Ac	idress:	
	<u></u>			
Name and	Title:	Na	me and Title:	
Address				
				
Name and T	Title:	Na	me and Title:	** * * * * * * * * * * * * * * * * * *
Address		Ac	ldress:	

	and Title:	Name and Title:
Addre	ss	
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT acceptable Susan C. Thorne	e) of the registered agent is:
Address:	104 Skyline Boulevard	
	Satellite Beach, FL 32937	
ARTICLE VII	INCORPORATOR	
	address of the Incorporator is:	
Name:	Susan C. Thorne	<u></u>
Address:	104 Skyline Boulevard	
	Satellite Beach, FL 32937	
Effective date,		(OPTIONAL) Innot be more than five business days prior or 90 business
Note: If the da	ite inserted in this block does not meet the application of State and the Department of State are reconstructed in this block does not meet the application of State are reconstructed in this block does not meet the application of State are reconstructed in this block does not meet the application of the application	able statutory filing requirements, this date will not be listed a rds.
the document's		
Having been n	I am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
Having been n	I am familiar with and accept the appointment a	ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity May 28, 2015
Having been n		s registered agent and agree to act in this capacity
Having been no this certificate, MALA I sulpmit this do	I am familiar with and accept the appointment a Required Signature/Registered Agent	May 28, 2015 Date are true. I am aware that the false information submitted in

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