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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Ci	tyrotaterziprz nom	⊆ π)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	•			

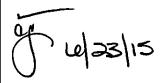
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COVER LETTER

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

SUBJECT: NATU	IRE COAST SPORTS & APPAREL		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
nclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	even W Wilson		
117	Name O W Diamond Shore Loop	e (Printed or typed)	
		Address	····
Hen	rnando FL 34442		5 .
	City	, State & Zip	
352	2-257-5198		<u>.</u>
	Daytime 7	Telephone number	
pric	eeco@pricecpa.com		E STATE
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

Same Bulletin Street Control



May 15, 2015

STEVEN W WILSON 1170 W DIAMOND SHORE LOOP HERNANDO, FL 34442

SUBJECT: NATURE COAST SPORTS & APPAREL, INC.

Ref. Number: W15000034613

We have received your document for NATURE COAST SPORTS & APPAREL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

A corporation mah not serve as its own officer/director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00010247

ARTICLES OF INCORPORATION

• In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILE-D

ARTICLE I NAME The name of the corporati	on shall be: NATURE COAST SPORT	S & APPAREL, INC.	15 JUN 19 PH 5: 44
ARTICLE II PRINCI			THE STATE OF STATE
c/o Citrus Sports & App	Principal <u>street</u> address arel	Mailing addr	ess, if different is:
1801 US Hwy 19, Crysta		Hernando FL 34442	
Crystal River FL 34428			
ARTICLE III PURPO The purpose for which the			
under the laws of the Sta	ate of Florida		
			
ARTICLE V INITIA	stock is: LOFFICERS AND/OR DIRECTORS	— <u>, , , , , , , , , , , , , , , , , , , </u>	
Name and Title		Name and Title:	
Address	1170 W Diamond Shore Loop	Address:	
	Hernando FI 34442		
None and Water	Justin Lamb, Secretary/Treasurer	Name and Title	
Name and Title:	12265 W Deodar St	Name and Title:	
Address	Crystal River FL 34428	Address:	
Name and Title:	Game Marriage Vice Precident		
Address	3296 N Spyglass Village Path		
Madi c22	Lecanto FL 34461	Address.	

	Ronald Davis, Vice Presi	lent
Name a	nd Title: YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Name and Title:
Addres	9420 SE 7th Ave Rd	Address:
	Ocala FL 34480	
		·
ARTICLEVI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Steven W Wilson	•
Address:	1170 W Diamond Shore Loop	·
Address.	Hernando FL 34442	्री क्षेत्र का क्षेत्र का किल्ला का किल् किल्ला का किल्ला का
	nernando 11 34442	
ARTICI F VII	INCORPORATOR	9
The name and	address of the Incorporator is: Steven W Wilson	ČÚ.
Name:	Steven W Wilson	- A T
Address:	1170 W Diamond Shore Loop	-
	Ĥernando FL 34442	-
Effective date,		. (OPTIONAL) It be more than five business days prior or 90 business
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proces. I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Lulu le	5-6-15
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
7	Lhrel	5%-15
Refa	uired Signature/Incorporator	