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OF CORPORATION

x 07/2415

COVER LETTER

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

SUBJECT:	AUSTIN PARRIS		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	PARRIS GUITE Name 3740 27th AVE SU	(Printed or typed)	
	NAPLES FL 3		
	239 - 777 - 9789 Daytime To	lephone number	
	Pamauite @ Elmail address: (to be used	for future annual report n	otification)

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	n shall be: AUSTIN	PARRIS	ANC				
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:					
3740 27	th AUESW		SA	ME			
NAPLES	FL 34117	<u>-</u> _					
ARTICLE III PURPOS The purpose for which the	<u>E</u> corporation is organized is: _	toc any	+ all	legal	purposes		
						5	<u>-</u>
	794					5 ====	110 STA
						-£-	<u> </u>
•			···				50 1-03 1-03 1-03 1-03 1-03 1-03 1-03 1-0
ARTICLE IV SHARES		·				: 19	1
The number of shares of sto	ock is:/OO OFFICERS AND/OR DIREC	TORS					
Name and Title:_	PARRIS GUITE,						•
Addr e ss	3740 27 th ANE NAPLES FL 34		ress:		15 1 <u>5</u> 15		
_ _			_				
Name and Title:	PAMELA GUITE,	VP Nam	ne and Title:_				
Address	3740 27th AVE NAPLES FL 3411						
_	NAPLES PL 3411	17		<u> </u>			_
Name and Title:		Nam	e and Title:_				
Address		Add	ress:				_
_		· · · · · · · · · · · · · · · · · · ·	-				

Name and Ti	itle:	Name and Title:	
Address		Address:	
ARTICLE VI REC	GISTERED AGENT la street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	PARRIS GUITE	3 3	
Address:	3740 27th AVE 52		
	NAPLES FL 34117		
ARTICLE VII INC			14 H
The name and addre	ss of the Incorporator is:		A (10)
Name:	PARCIS GUITE		# 19
Address:	3940 BITH AVE SU		
	NAPLES FL 34117		
	r than the date of filing: is listed, the date must be specific and cann	(OPTIONAL) not be more than five business d	lays prior or 90 business
	erted in this block does not meet the applicablive date on the Department of State's records		is date will not be listed as
	as registered agent to accept service of proce amiliar with and accept the appointment as re		
<i>3u</i>	Required Signature/Registered Agent		$\frac{7/9/15}{0}$
	nt and affirm that the facts stated herein ar		
	riment of State constitutes a third degree felo Constitutes a third degree felo Signature/Incorporator	ony as provided for in s.817.155, l	7/9/1) — Date