

P15000062456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

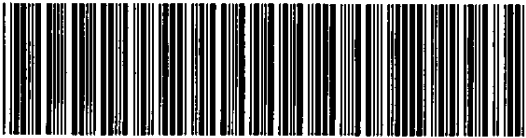
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~WIS - 38590~~
~~WIS - 33923~~

Office Use Only



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05/08/15--01014--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 23 PM 1:08

APPROVED
AND
FILED

HA

COVER LETTER

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

SUBJECT: Jewel Sailing Adventures 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Harris P Kinnard

Name (Printed or typed)

PO Box 1694

Address

Islamorada, FL 33036

City, State & Zip

(305) 731-6047

Daytime Telephone number

harriskinnard@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2015

HARRIS P KINNARD
PO BOX 1694
ISLAMORADA, FL 33036

SUBJECT: JEWEL SAILING ADVENTUES
Ref. Number: W15000033923

We have received your document for JEWEL SAILING ADVENTUES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00010031



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

HARRIS P KINNARD ****2ND ML***
PO BOX 1694
ISLAMORADA, FL 33036

SUBJECT: JEWEL SAILING ADVENTURES INC.
Ref. Number: W15000038590

We have received your document for JEWEL SAILING ADVENTURES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 015A00011576

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 JUL 23 PM 1:08

ARTICLE I NAME

The name of the corporation shall be: Jewel Sailing Adventures INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

~~NA~~ PO Box 1694

P.O. BOX 1694

~~NA~~ Islamorada, FL 33036

1302 N. 46th Ave.

Islamorada, FL 33036

PENSACOLA FL. 32506

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Take clients on sailing adventures aboard sailboat

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harris P Kinnard Director

Name and Title: Susan A Fournier Officer

Address: 73800 Overseas Hwy

Address: 73800 Overseas Hwy

Islamorada, FL 33036

Islamorada, FL 33036

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
FILED

15 JUL 23 PM 1:08

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Harris P Kinnard
Address: 73800 Overseas Hwy
Islamorada, FL 33036

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephen B Scott
Address: 804 N 75th Ave
Pensacola, FL 32506


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, June 1, 2015 (OPTIONAL)
~~January 1, 2015~~ *HK*

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

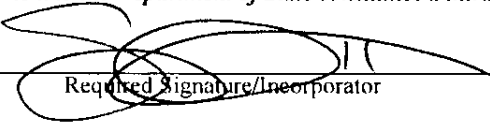


Required Signature/Registered Agent

05/05/15

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.



Required Signature/Incorporator

05/05/15

Date