

P15000069834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

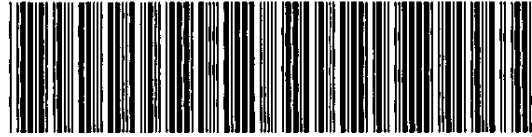
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/17/15--01004--017 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 17 AM 7:15

APPROVED  
AND  
FILED

**COVER LETTER**

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

**SUBJECT:** Island Lifestyle Group 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:** Beverly Gettig  
Name (Printed or typed)  
1822 Sca Pines Lane  
Address  
Navarre , FL 32566  
City, State & Zip  
(205) 405-8360  
Daytime Telephone number  
beachbound@email.com  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

15 AUG 17 AM 7:15

**ARTICLE I NAME**  
The name of the corporation shall be: Island Lifestyle Group Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
1822 Sea Pines Lane \_\_\_\_\_  
Navarre, FL 32566 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Online retail store  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Beverly Gettig Director</u>	Name and Title:	_____
Address	<u>1822 Sea Pines Lane</u>	Address:	_____
	<u>Navarre, FL 32566</u>		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

APPROVED  
AND  
FILED

15 AUG 17 AM 7:15

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: Beverly Gettig  
Address: 1822 Sea Pines Lane  
Navarre , FL 32566

**ARTICLE VII INCORPORATOR**

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

Name: Beverly Gettig  
Address: 1822 Sea Pines Lane  
Navarre , FL 32566

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(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*

*Beverly Gettig* \_\_\_\_\_ 08/07/2015  
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, F.S.*

*Beverly Gettig* \_\_\_\_\_ 08/07/2015  
Required Signature/Incorporator Date

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pre) **15 AUG 17 AM 7:15**

**ARTICLE I NAME**

The name of the corporation shall be: Island Lifestyle Group Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1822 Sea Pines Lane

Navarre , FL 32566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Online retail store

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Beverly Gettig Director

Name and Title: \_\_\_\_\_

Address 1822 Sea Pines Lane

Address: \_\_\_\_\_

Navarre , FL 32566

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED  
AND  
FILED

15 AUG 17 AM 7:15

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Beverly Gettig* 08/07/2015  
Required Signature/Incorporator Date