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(Business Entity Name)

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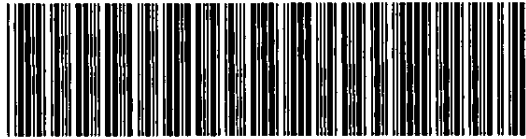
Certificates of Status _____

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SEP 21 2015

T. SCOTT



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09/09/15--01012--022 **78.75

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COVER LETTER

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

SUBJECT: Suncoast Vacation Rentals, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

* Please see the enclosed Affidavit (Releasing Corporate Name)

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: Jonathan Northington

Name (Printed or typed)

31111 U.S. Hwy 19 N

Address

Palm Harbor, FL 34684

City, State & Zip

(727) 938-2255

Daytime Telephone number

SVReservations@gmail.com

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

The name of the corporation shall be: Suncoast Vacation Rentals, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

702 Hammock Pine Blvd

1497 Main St. #141

Clearwater, FL 33761

Dunedin, FL 34691

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Steves, DP

Name and Title: _____

Address 1497 Main St. #141

Address: _____

Dunedin, FL 34691

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Linda Steves
Address: 1497 Main St. #141
Dunedin, FL 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linda Steves
Address: 1497 Main St. #141
Dunedin, FL 34691

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/2/15 (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

L Steves 9/2/15
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.

L Steves 9/2/15
Required Signature/Incorporator Date

Affidavit
(Releasing Corporate Name)

I, the undersigned, BETH ELLIS, do hereby state:

1. I am the president and sole director of Suncoast Vacation Rentals, Inc.
2. I am authorized to submit this affidavit on behalf of Suncoast Vacation Rentals, Inc.
3. I, on behalf of Suncoast Vacation Rentals, Inc., have filed its Articles of Dissolution with the Florida Secretary of State, Division of Corporations.
4. I submit this affidavit to authorize the immediate release, solely to Linda Steves, of the corporate name "Suncoast Vacation Rentals, Inc." and authorize that she may use the name in forming a new corporation.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

SUNCOAST VACATION RENTALS, INC.

By: Beth Ellis
Beth Ellis, President/Director

STATE OF Florida)

COUNTY OF Pinellas)

Sworn to, affirmed, and subscribed before me this 28th day of August 2015,
by Beth Ellis, who [] is personally known to me or [X] has produced DLFC
as identification.

[Notary Seal]

Notary Signature: Brian M. McDade

Print Name: Brian M. McDade

My Commission Expires: 11/14/2016



Brian M. McDade
State of Florida

My Commission # EE 851573
Expires: November 14, 2016