

P/S 0000 85725

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W/S 0000 857204

OCT 19 2015

J. SCOTT



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08/21/15--01016--001 **70.00

15 OCT -2 AM 8:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT -2 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 27, 2015

DONNY MAK
1505 BELMONTE AVENUE
JACKSONVILLE, FL 32207

SUBJECT: PACIFIC CAPITAL MANAGEMENT INC.
Ref. Number: W15000057204

We have received your document for PACIFIC CAPITAL MANAGEMENT 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):

The registered agent must sign accepting the designation.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 015A00018202

COVER LETTER

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

SUBJECT: PACIFIC CAPITAL MANAGEMENT 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: DONNY MAK

Name (Printed or typed)

1505 BELMONTE AVENUE

Address

JACKSONVILLE, FL 32207

City, State & Zip

917-754-1241

Daytime Telephone number

DW123TAX@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 PACIFIC CAPITAL MANAGEMENT INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
1505 BELMONTE AVENUE	_____
_____	_____
JACKSONVILLE, FL 32207	_____
_____	_____

ARTICLE III PURPOSE MANAGEMENT OF REAL ESTATE INVESTMENTS.
The purpose for which the corporation is organized is: _____

15 OCT - 2 AM 8:36

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONNY MAK, PRESIDENT	Name and Title: _____
Address: 1505 BELMONTE AVENUE	Address: _____
JACKSONVILLE, FL 32207	_____
_____	_____

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

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

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: DONNIE MAK

Address: 1505 BELMONTE AVENUE

JACKSONVILLE, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONNIE MAK

Address: 1505 BELMONTE AVENUE

JACKSONVILLE, FL 32207

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



Required Signature/Registered Agent

08/11/2015
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

08/29/2015
Date