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S. GILBERT

COVER LETTER

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

SUBJECT: Beach Visions 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: Virginia Sliwa

Name (Printed or typed)

1896 Piccadilly Circus

Address

Naples, FL 34112

City, State & Zip

239-300-1301

Daytime Telephone number

sebconlil@aol.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: Beach Visions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3047 Terrace Ave.
Unit J
Naples, FL 34104

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all legal bussiness activity

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Virginia Sliwa, President/tres.

Name and Title: _____

Address 1896 Piccadilly Circus
Naples, FL 34112

Address: _____

Name and Title: Steven LaBonte ,sec.

Name and Title: _____

Address 1896 Piccadilly Circus
Naples, FL 34112

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
NAPLES, FLORIDA

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: steven LaBonte

Address: 1896 Piccadilly Circus

Naples, FL 34112

ARTICLE VII INCORPORATOR

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

Name: Virginia Sliwa

Address: 1896 Piccadilly Circus

Naples, FL 34112

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

Steven La Bonte

Steven LaBonte
Required Signature/Registered Agent

10/12/2015

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.

Virginia Sliwa
Required Signature/Incorporator

VIRGINIA SLIWA

10/12/2015

Date