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(Requestor's Name)

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(City/State/Zip/Phone #)

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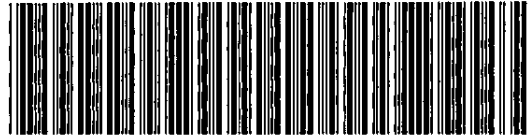
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 21 Delta, 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: Paul Sheridan

Name (Printed or typed)

2212 Renaissance Way

Address

Boynton Beach, FL 33426

City, State & Zip

561-292-1218

Daytime Telephone number

gshir@shirlawgroup.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: 21 Delta, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2212 Renanissance Way
Boynton Beach, Fl. 33426

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all legally recognized and allowable business transactions i

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Sheridan, President

Name and Title:

Address 2212 Renaissance Way

Address:

Boynton Beach, Fl. 33426

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE 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: Guy M. Shir, Esq. _____

Address: 1800 NW Corporate Blvd, Suite 200 _____

Boca Raton, Fl 33431 _____

ARTICLE VII INCORPORATOR

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

Name: Paul Sheridan _____

Address: 2212 Renaissance Way _____

Boynton Beach, Fl. 33426 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 6, 2015. (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

11/4/15

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

11/4/15

Date

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