

P15000094344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/23/15

COVER LETTER

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

SUBJECT: COOLNIGHTS CORP.-SKJ
(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: Sharon Kendrick-Johnson
Name (Printed or typed)
6200 SW 62nd Place
Address
South Miami, FL 33143
City, State & Zip
305-772-7001
Daytime Telephone number
Sharon.johnson99@msn.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 19 PM 4:40

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RECEIVED

15 NOV 19 AM 9:45

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FLORIDA

November 6, 2015

SHARON KENDRICK-JOHNSON
6200 SW 62ND PLACE
SOUTH MIAMI, FL 33143

SUBJECT: COOLNIGHTS CORP. - SKJ
Ref. Number: W15000073560

We have received your document for COOLNIGHTS CORP. - SKJ and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ Please list the city name in its entirety abbreviation is not acceptable.

✓ The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

✓ The person designated as registered agent in the document and the person signing as registered agent must be the same.

✓ If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 315A00023612

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

New Filing Section

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

FILED

15 NOV 19 PM 4:40

ARTICLE I NAME

The name of the corporation shall be: CoolNights Corp. - SKJ

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6200 SW 62nd Place
South Miami, Florida 33143

P.O. Box 557412
Miami, Florida 33255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any and all lawful business
permitted under the laws of the State
of Florida and the United States.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Kendrick-Johnson ^{CEO} Name and Title: _____

Address 6200 SW 62nd Place Address: _____
South Miami, Florida
33143

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: Sharon Kendrick-Johnson
Address: 6200 SW 62nd Place
South Miami, Florida 33143

ARTICLE VII INCORPORATOR

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

Name: Sharon Kendrick-Johnson
Address: 6200 SW 62nd Place
South Miami, Florida 33143

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1st 2016 (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

Sharon Kendrick-Johnson
Required Signature/Registered Agent

11-13-15
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.

Sharon Kendrick-Johnson
Required Signature/Incorporator

11-13-15
Date