

P 15000100251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000279698490

12/10/15--01023--009 **78.75

FILED
15 DEC 10 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/21/15

COVER LETTER

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

SUBJECT: SAILINGTIMES ENTERPRISES, 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
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 GRAMAM
Name (Printed or typed)

1700 NE 105th STREET #312
Address

MIAMI SHORES, FL 33138
City, State & Zip

351-310-5774
Daytime Telephone number

JON@SAILINGTIMES.NET
E-mail address: (to be used for future annual report notification)

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

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

15 DEC 10 PM 3:11

FILED

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

FILED

15 DEC 10 PM 3:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SAILINGTIMES ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1700 NE 105th STREET

APT 312

MIAMI SHORES, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JONATHAN GRAHAM / PRESIDENT

Name and Title:

Address

1700 NE 105th STREET

Address:

APT 312

MIAMI SHORES, FL 33138

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: JONATHAN GRAHAM

Address: 1700 NE 105th STREET #312

MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

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

Name: JONATHAN GRAHAM

Address: 1700 NE 105th STREET #312

MIAMI SHORES, FL 33138

FILED
15 DEC 10 PM 3:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

[Signature]

Required Signature/Registered Agent

12/08/2015
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.

[Signature]

Required Signature/Incorporator

12/08/2015
Date