

PI60000006284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

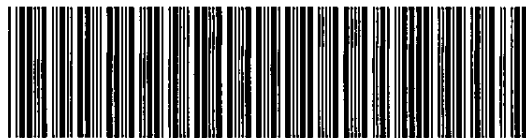
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FILED
2016 JAN -8 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 25 2016

T. BROWN

COVER LETTER

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

SUBJECT: Design2Rent, 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: Matthew Jesman Daniel

Name (Printed or typed)

45625 N. US Hwy 27, Suite 22

Address

Davenport, FL 33897

City, State & Zip

863-588-3777

Daytime Telephone number

bdaniel@tropicalescapevh.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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Design2Rent, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

45625 N. US Hwy 27

Suite 22

same

Davenport FL 33897

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing design services to furnish short term vacation rental homes.

Compnay will carry out installation of furniture, set up and decor of homes.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Jesman Daniel

Name and Title: _____

Address 355 Chadwick Drive

Address: _____

Davenport FL 33837

Name and Title: Birgit Daniel

Name and Title: _____

Address 355 Chadwick Drive

Address: _____

Davenport FL 33837

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: Matthew Jesman Daniel
Address: 355 Chadwick Drive
Davenport FL 33837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Jesman Daniel
Address: 355 Chadwick Drive
Davenport FL 33837

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

01/04/2016
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

01/04/2016
Date