

P16000006976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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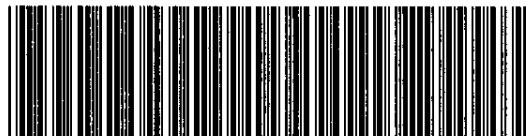
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 13 PM 3:22

FILED
SECRETARY OF STATE
CORPORATIONS

EFFECTIVE DATE 01/10/16

01/26/16

COVER LETTER

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

SUBJECT: Cotton Club Restoration I, 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: Celine MacDougall

Name (Printed or typed)

5110 W 12th Street

Address

Jacksonville, FL 32254

City, State & Zip

(352) 327-6008

Daytime Telephone number

CottonClubOne@gmail.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: Cotton Club Restoration One, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
837 SE 7th Avenue
Gainesville, FL 32601

Mailing address, if different is:
5110 W 12th Street
Jacksonville, FL 32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celine MacDougall (P) Name and Title: _____

Address 5110 W 12th Street Address: _____
Jacksonville, FL 32254

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: Celine MacDougall _____

Address: 5110 W 12th Street _____

Jacksonville, FL 32254 _____

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ARTICLE VII INCORPORATOR

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

Name: Celine MacDougall _____

Address: 5110 W 12th Street _____

Jacksonville, FL 32254 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 10, 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


X 

Required Signature/Registered Agent

January 10, 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.

X 

Required Signature/Incorporator

January 10, 2016

Date