

P160000019765

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 24 PM 2:40

APPROVED  
AND  
FILED

1/14

## COVER LETTER

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

SUBJECT: OFF the Island 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: LORI Wilson  
Name (Printed or typed)

200 104th Ave  
Address

Treasure Island, FL 33706  
City, State & Zip

813 445 9884  
Daytime Telephone number

LORI Wilson913@gmail.com  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof)

10 FEB 24 PM 2:40

ARTICLE I NAME

The name of the corporation shall be: OFF The Island Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

200 104th Ave Principal street address

Mailing address, if different is:

Treasure Island FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO buy + sell Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Wilson, President Name and Title: \_\_\_\_\_

Address: 200 104th Ave Address: \_\_\_\_\_

Treasure Island FL

33706

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED

16 FEB 24 PM 2:40

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
Address: \_\_\_\_\_ Address: TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LORI Wilson  
Address: 200 104th Ave  
Treasure Island FL 33706

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORI Wilson  
Address: 200 104th Ave  
Treasure Island, FL 33706

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/22/2016 (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*

\_\_\_\_\_  
Required Signature/Registered Agent

2/22/16  
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

2/22/16  
Date