

P16000046524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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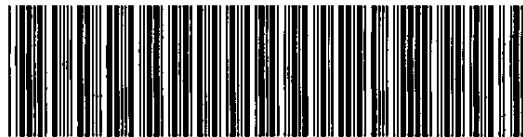
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA
TUX
5-26-16

COVER LETTER

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

SUBJECT: Gulfport Brewing Company, 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: Kelly L Wright

Name (Printed or typed)

2919 56th St S

Address

Gulfport FL 33707

City, State & Zip

727-692-9057

Daytime Telephone number

kellylinwright@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: Gulfport Brewing Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2919 56th St S

Gulfport FL 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: brew and sell craft beer

Sell beer making supplies, Sell promotional gifts and clothing as they relate to the main business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly Lin Wright

Name and Title: Laura Henderson

Address 2919 56th St S
Gulfport FL 33707

Address: 5301 18th Ave S
Gulfport FL 33707

Name and Title: Susanne Langford

Name and Title: _____

Address 6357 2nd Ave N
St Petersburg FL 33710

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

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: Kelly Lin Wright
Address: 2919 56th St S
Gulfport FL 33707

ARTICLE VII INCORPORATOR

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

Name: Kelly Lin Wright
Address: 2919 56th St S
Gulfport FL 33707

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~01.07.2016~~ 08.01.16. (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

Kelly Lin Wright

Required Signature/Registered Agent

04.26.2016

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.

[Signature]

Required Signature/Incorporator

04.21.16

Date