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DIVISION OF REVENUE  
JUN 14 2016

## COVER LETTER

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

**SUBJECT:** Shoreline Area Development, 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:** Brody Wilkinson PC Attn: Rita Scacchia  
\_\_\_\_\_  
Name (Printed or typed)  
  
2507 Post Road  
\_\_\_\_\_  
Address  
  
Southport, CT 06890  
\_\_\_\_\_  
City, State & Zip  
  
203-319-7100  
\_\_\_\_\_  
Daytime Telephone number  
  
gerardnorman1@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: Shoreline Area Development, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
68 Beecher Road, Woodbridge, CT 06525

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any act or activity for which corporations may be formed under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gerard Norman, President, Director

Name and Title:

Address 68 Beecher Road, Woodbridge, CT 06525

Address:

Name and Title: Jonathan Norman, Vice Pres., Sec., Dir.

Name and Title:

Address 470 NE 5th Avenue, Apt. 3123

Address:

Fort Lauderdale, FL 33301

Name and Title:

Name and Title:

Address

Address:

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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: C T Corporation System \_\_\_\_\_

Address: 1200 South Pine Island Road \_\_\_\_\_

Plantation, FL 33324. \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gerard Norman \_\_\_\_\_

Address: 68 Beecher Road, Woodbridge, CT 06525 \_\_\_\_\_

**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*

 **Debbie Diaz**  
Required Signature/Registered Agent Assistant Secretary  
6/13/2016  
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  
6/10/2016  
Date

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DEPT OF STATE  
CORPORATION DIVISION