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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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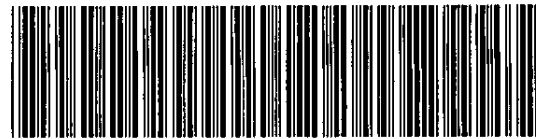
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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414A-17168

COVER LETTER

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

SUBJECT: East Coast Investment Services, 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: Amanda Jansky
Name (Printed or typed)

141A Bermuda Rd
Address

Tallahassee FL 32310
City, State & Zip

(240) 580-9359
Daytime Telephone number

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: East Coast Investment Services, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1411A Bermuda Rd

Tallahassee FL 32310

Mailing address, if different is:

same as

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Jinsky President

Address: 1411A Bermuda Rd Address: _____

Tallahassee, FL
32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL 32310

APPROVED
FILED

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: Amanda Jansky
Address: 141A Bermuda Rd
Tallahassee FL 32310

ARTICLE VII INCORPORATOR

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

Name: Amanda Jansky
Address: 141A Bermuda Rd
Tallahassee FL 32310

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

Amanda Jansky
Required Signature/Registered Agent

15 Aug 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.

Amanda Jansky
Required Signature/Incorporator

15 Aug 2016
Date

SECRET
FLORIDA
DEPARTMENT OF STATE

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OFFICE
FILED