

P160000075218

(Requestor's Name)

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(City/State/Zip/Phone #)

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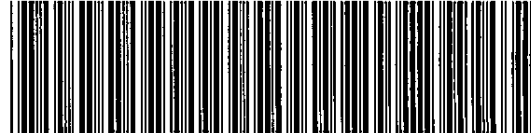
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP -6 PM 3:12
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

111

COVER LETTER

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

SUBJECT: Cruiseport Conference Centers, 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: Helene Rippe
Name (Printed or typed)

1500 Cordova Road Suite 210
Address

Ft. Lauderdale - Florida - 33316
City, State & Zip

800 - 550 - 0000 ext 427
Daytime Telephone number

HRippe@ForPersist.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: Cruiseport Conference Center, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1811 Cordova Rd
Ft. Lauderdale, Fl. 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conferences, Meetings

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100, -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name Edward Lake

Title: President

Address 1500 Cordova Rd

Suite 210

Ft. Lauderdale, Fl 33316

Name: Steven Gacovino

Title: Vice President

Address 270 West Main St

Suite 210

Sayville, N.Y. 11782

Title: _____

Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

Edward Lake

Address: _____

1500 Cordova Rd #210
Ft. Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

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

Name: _____

Helene Rippe

Address: _____

1500 Cordova Rd #2
Ft. Lauderdale, FL 33316

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/31/2016 (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

8/31/2016
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

8/31/2016
Date