

P/6000092024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

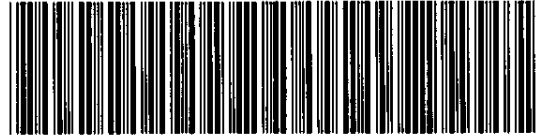
(Business Entity Name)

(Document Number)

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11/18/16

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

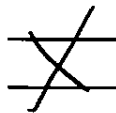
SUNSHINECORPORATE2014@GMAIL.COM

Date: 11-16-16

ENTITY NAME:

DROMBANE INC.

****PLEASE FILE THE ATTACHED AND RETURN:****



Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 78.75

CHECK NUMBER: 3070

PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

COVER LETTER

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

SUBJECT: Drombane 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: Connor Farley

Name (Printed or typed)

c/o Camp Horizons, 127 Babcock Hill Road

Address

South Windham, CT 06266

City, State & Zip

Daytime Telephone number

farleyconnor22@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: Drombane Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
315 Dunes Blvd, Unit 203, Naples, FL 34110

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Connor Farley, P & D Name and Title: _____

Address c/o Camp Horizons Address: _____

127 Babcock Hill Road _____

South Windham, CT 06266 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: United Corporate Services, Inc.
Address: 9200 South Dadeland Blvd., Suite 508
Miami, FL 33156

ARTICLE VII INCORPORATOR

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

Name: Connor Farley
Address: 127 Babcock Hill Road
South Windham, CT 06266

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

/s/ Michael A. Barr, President

Required Signature/Registered Agent

11/15/16

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.

/s/ Connor Farley

Required Signature/Incorporator

11/15/16

Date

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