

P17000004289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

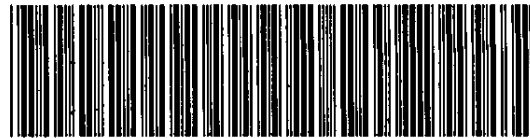
(Business Entity Name)

(Document Number)

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STATE  
17 JAN 13 PM 5:42

M. MOON  
JAN 13 2017

## COVER LETTER

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

**SUBJECT:** SUGAR MILL RUINS TRAVEL PARK, 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:** Eric T. Preston, Esq.  
\_\_\_\_\_  
Name (Printed or typed)  
  
605 S. Orange Street  
\_\_\_\_\_  
Address  
  
New Smyrna Beach, FL 32168  
\_\_\_\_\_  
City, State & Zip  
  
(386) 424-9200  
\_\_\_\_\_  
Daytime Telephone number  
  
eric@theprestonlawfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DEPT. OF STATE  
CORPORATION

**NOTE: Please provide the original and one copy of the articles.**

**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I NAME** SUGAR MILL RUINS TRAVEL PARK, INC  
The name of the corporation shall be:

Principal street address

Mailing address, if different is:

New Smyrna Beach, FL 32168

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any and all lawful business

**ARTICLE IV   SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

Name and Title: Patricia A. Barnes, PST

Address 1050 Old Mission Road

New Smyrna Beach, FL 32168

**Name and Title:**

Address:

Name and Title:

Address

Name and Title:

Address:

**Name and Title:**

Address

**Name and Title:**

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: Eric T. Preston, Esq.  
Address: 605 S. Orange St.  
New Smyrna Beach, FL 32108

**ARTICLE VII INCORPORATOR**

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

Name: Eric T. Preston, Esq.  
Address: 605 S. Orange Street  
New Smyrna Beach, FL 32168

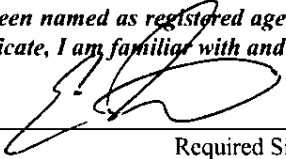
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Jan. 10, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

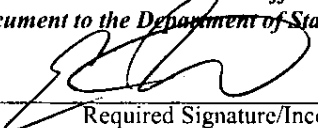
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/10/17  
\_\_\_\_\_  
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

1/10/17  
\_\_\_\_\_  
Date

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