

P17000019911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

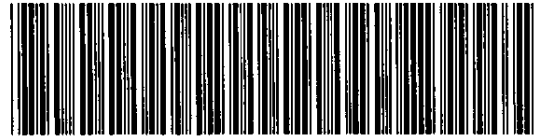
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR -6 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17- 12346

03/07/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2017

ROBERT DERRICK  
94 EASTERN LAKE RD.  
SANTA ROSA BCH., FL 32459

SUBJECT: CHRISTIE BEACH RENTALS TWO LLC  
Ref. Number: W17000012346

We have received your document for CHRISTIE BEACH RENTALS TWO LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 617A00002785

REC-1

MAR -6 AM 11:29

CLERK OF THE  
DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** Christie Beach Rentals Two LLC  
(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:** Robert Derrick  
\_\_\_\_\_  
Name (Printed or typed)

94 Eastern Lake Rd  
\_\_\_\_\_  
Address

Santa Rosa Beach, FL 32459  
\_\_\_\_\_  
City, State & Zip

678-468-8162  
\_\_\_\_\_  
Daytime Telephone number

beach\_atlanta@yahoo.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: christie beach rentals two, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

94 eastern lake rd

2953 lookout pl ne

santa rosa beach, FL 32459

atlanta, ga 30305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The LLC provides property management services, including, but not limited to, ~~marketing~~, customer interaction, and property

It provides these services to properties owned by the corporation and / or others.

It provides these services for an expected annual profit.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Robert Derrick - President

Name and Title: Christie Derrick - Chief Operating Officer

Address 94 eastern lake rd

Address: 2953 lookout pl ne

santa rosa beach, FL 32459

atlanta, GA 30305

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: robert derrick

Address: 94 eastern lake rd

santa rosa beach, FL 32459

**ARTICLE VII INCORPORATOR**

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

Name: robert derrick

Address: 94 eastern lake rd

santa rosa beach, FL 32459

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**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 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*

Robt Derr

Required Signature/Registered Agent

7 Feb 2017

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.*

Robt Derr

Required Signature/Incorporator

7 Feb 2017

Date