P17000040464

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
• ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openial also detailed to Filling Officer.

Office Use Only

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03/31/17--01023--004 **70.00

05/03/17--81007--001 **78.75

REPAREMENT OF STATE

17 MAY - 3 AM 8:

DATE: 5 3 19

PLEASE VALIDATE:

CREATE NEW SCAN SHEET:

NEED TRACKING NUMBER:

RETURN TO:

SPECIAL NOTES:

17 HAY -3 PH 3: 06



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2017

DAIN M. PERRY 20300 HASKINS ROAD NORTH FORT MYERS, FL 33917

SUBJECT: PERRY ENTERPRISES, INC.

Ref. Number: W17000028906

We have received your document for PERRY ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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/

Remove owner as a title and registered agent must be active...

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.

Tyrone Scott Regulatory Specialist II New Filings Section

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Letter Number: 717A00006527

COVER LETTER

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

SUBJECT: PERRY ENTERPRISES 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: PERRY ENTERPRISES TIC - DAN M PERRY Name (Printed or typed)

20300 HASKINS DRIVE

NORTH FORT MYERS, FLORIDA 33917 City, State & Zip

(239) 425-3433 (239) 887-3319

Daytime Telephone number

CAPE CORAL CPA D 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)

	ration shall be: PERRY ENTER		
<u>LE II P</u>	UNCIPAL OFFICE Principal street address	Mailing address	, if different is:
BOO HA	SKINS DRIVE		
27H FC	RT MYERS, FL 33917		
<u> </u>			
PLE III PU pose for whic	IRPOSE h the corporation is organized is: BCATI	LE ACTIVITY AND	BOATING TOUR
REAL	ESTATE SOLD AND OTH	ER ACTIVITIES A	ND ADVENTURE
-			
	HARES of stock is: 100,000		
nber of shares	of stock is: 100,000		
nber of shares CLE V II Name and I	of stock is: 100,000	Name and Title:	, v
nber of shares	of stock is: 100,000	Name and Title:Address:	, , , , , , , , , , , , , , , , , , , ,
nber of shares LE V I	of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR Title DAIN M. PERRY PRESIDENT	Name and Title:Address:	
TLE V II Name and T Address	Of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR TITLE DAIN M. PERRY PRESIDENT 20:300 HASKINS DRIVE NORTH FORT MERS 17, 2891	Name and Title: Address:	200 200 200 S
TLE V II Name and T Address	Of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR Title DAIN M. PERRY PRESIDENT 20:300 HASKINS DRIVE	Name and Title: Address: Name and Title:	TARRETS AN OF STATE
Name and T Name and T	Of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR TITLE DAIN M. PERRY PRESIDENT 20:300 HASKING DRIVE NORTH FORT MERS IT 3891	Name and Title: Address: Name and Title: Address:	TARRETS AN OF STATE
Name and T Name and T	Of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR TITLE DAIN M. PERRY PRESIDENT 20300 HASKINS DRIVE NORTH FORT MERS IT 2891 ITLE TENEVIEWE T PERRY VICE PRESIDENT	Name and Title: Address: Name and Title: Address:	TO THE TO STATE OF STATE OF STATE
Name and T Address Name and T Address	Of stock is: 100,000 NITIAL OFFICERS AND/OR DIRECTOR TITLE DAIN M. PERRY PRESIDENT ACCOMPASKING DRIVE NORTH FORT MERS IT BEGIN ITLE TENEVIEWE T PERRY VICE PRESIDENT 30300 HASKING DRIVE	Name and Title: Address: Name and Title: Address:	THE TS AN OF STATE

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Name: DAIN M PERRY	, ,
Address: AO300 HASKING DRIVE	
· · · · · · · · · · · · · · · · · · ·	 -
NORTH FORT MARS, H 3	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: DAIN M PERRY	
Address: 20300 HASKING DRIM	<u>E</u>
NORTH ITERT MYERS FL 33	<u>391.7</u>
Having been named as registered agent to accept service of pr	ocess for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment of	is registered agent and agree to act in this capacity
Leur Fan Gequirea Signature/Registered Agent	4/16/17
\	
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	7-1-
Required Signature/Incorporator	Date