

P17 000048805

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -5 PM 3:50

COVER LETTER

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

SUBJECT: SOUTHEASTERN HOSPITALITY MANAGEMENT
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) CORP.

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: ZEIN ZAIOUD
Name (Printed or typed)
1401 RAA AVE
Address
TALLAHASSEE, FL 32303
City, State & Zip
(954) 665-1960
Daytime Telephone number
ZEIN ZAIOUD89@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: SOUTHEASTERN HOSPITALITY MANAGEMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1401 RAA AVE
TALLAHASSEE FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SIMON DAG / CEO</u>	Name and Title:	<u>ZEIN ZAIDUD / CFO</u>
Address	<u>2004 MONTICELLO DR</u>	Address:	<u>1401 RAA AVE</u>
	<u>TALLAHASSEE FL 32303</u>		<u>TALLAHASSEE FL 32303</u>

Name and Title:		Name and Title:	
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Address		Address:	
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Name and Title:		Name and Title:	
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Address		Address:	
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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
17 JUN -5 PM 3:50

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: SIMON DAG

Address: 2004 MONTICELLO DR
TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

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

Name: ZEIN ZAIOUD

Address: 1401 RAA AVE
TALLAHASSEE FL 32303

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

Required Signature/Registered Agent

6/5/17
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

6/5/17
Date