

P/7000059144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700301107157

07/10/17--01011--023 **78.75

17 JUL 17 AM 8:55
CLERK OF SUPREME COURT
STATE OF FLORIDA

EFFECTIVE DATE 07/15/17

07/2/17

COVER LETTER

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

SUBJECT: SURFSIDE JOHN, 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: SURFSIDE JOHN, INC.

Name (Printed or typed)

1303 BISCAYA DRIVE

Address

SURFSIDE, FL 33154

City, State & Zip

773-255-1155

Daytime Telephone number

CAROLREYBURN@AOL.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: SURFSIDE JOHN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1303 BISCAYA DRIVE

SURFSIDE, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN SCHMIEGEL

Name and Title: _____

Address 1303 BISCAYA DRIVE

Address: _____

SURFSIDE, FL 33154

PRESIDENT

Name and Title: CAROL REYBURN

Name and Title: _____

Address 21 COQUINA BOULEVARD

Address: _____

SAINT AUGUSTINE, FL 32080

VICE PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 JUL 19 AM 8:55
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: CAROL REYBURN

Address: 21 COQUINA BOULEVARD

SAINT AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROL REYBURN

Address: 21 COQUINA BOULEVARD

SAINT AUGUSTINE, FL 32080

FILED
17 JUL 10 AM 8:55
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/15/2017 (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.)

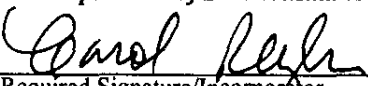
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/05/2017
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.


Required Signature/Incorporator

07/05/2017
Date