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(Business Entity Name)

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Special Instructions to Filing Officer:

Office Use Only

J DENNIS

JUN 18 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
19 JUN 14 AM 8:

May 22, 2019

FARE CAPE 104 INC.
16970 SAN CARLOS BLVD, UNIT 226
FORT MYERS, FL 33908 US

SUBJECT: CAPE MANAGEMENT OF SW FL, INC.
Ref. Number: W19000049812

We have received your document for CAPE MANAGEMENT OF SW FL, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

CONFLICTING DOCUMENT NUMBER: P19000023516

Please return 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.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 219A00010349

2019 JUN 14 AM 11:14

April 30, 2019

RECEIVED
DIVISION OF CORPORATIONS
19 JUN 14 AM 8:38

Department of State
Division of Corporations

Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

Reference: FARE CAPE 104 INC
Florida Document Number: P12000041241

Dear Department:

It has come to our attention that our corporation FARE CAPE 104 INC was dissolved administratively.

At this time I would like to release our document number P12000041241 as the authorized president of this corporation.

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Ellison". The signature is written in black ink and is positioned above the printed name.

Patricia Ellison, President

COVER LETTER

RECEIVED
DIVISION OF CORPORATIONS
19 JUN 14 AM 8:38

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

SUBJECT: Fare Cape 104 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: Fare Cape 104 Inc.

Name (Printed or typed)

16970 San Carlos Blvd, Unit 226

Address

For Myers, FL 33908

City, State & Zip

239-728-4100

Daytime Telephone number

ronst@infionline.net

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)

FILED
19 JUN 14 AM 8:30
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Fare Cape 104 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16970 San Carlos Blvd, Unit 226

Mailing address, if different is:

Fort Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Ellison, President

Name and Title: _____

Address 16970 San Carlos Blvd, Unit 226

Address: _____

Fort Myers, FL 33908

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

31 JUN 14 AM 8:38

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Ronald St. Clair, CPA
Address: 615 Cape Coral Pkwy W., Suite 104
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

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

Name: Patricia Ellison
Address: 16970 San Carlos Blvd. Unit 226
Fort Myers, FL 33908

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

Ronald St. Clair
Required Signature/Registered Agent

5/1/15
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.

Patricia Ellison
Required Signature/Incorporator

5/1/19
Date