

JUL/12/2019/FRI 11:47 AM

FAX No.

P. 001/003

7/12/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
COUNTRYCLUB137. INC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

**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:

COUNTRYCUB137, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address640 S 62 AVEHollywood, FL 33023

Mailing address, if different is:

"Same"**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PHILIP W. O. President

Address

640 S 62 AVEHollywood FL 33023

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: PARAD L A O  
Address: 640 S 62 AVE  
HAUNWOOD FL 33023

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: PARAD L A O  
Address: 640 S 62 AVE  
HAUNWOOD FL 33023

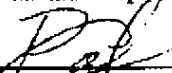
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

07/11/19  
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

07/11/19  
Date