

Legal Memorandum

TO: Tori

FROM: Michelle

DATE: August 5, 2019

Please hand deliver the new filing to the Florida Department of State. We would like it walked through if at all possible. If not, please have the Clerk date stamp the copy and bring back with you. Thank you.

COVER LETTER

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

SUBJECT: HOLIDAY BEACH MECHANICAL, 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 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: Frances Casey Lowe
Name (Printed or typed)
68-A Feli Way
Address
Crawfordville, Florida 32327
City, State & Zip
850-926-8245
Daytime Telephone number
francie@lowesparkman.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: HOLIDAY BEACH MECHANICAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>17614 Ashley Drive</u>	<u></u>
<u>Panama City Beach, Florida 32413</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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>Sharri Roberts, Director</u>	Name and Title: <u>Jason Roberts, Director</u>
Address: <u>5 Blue Crab Lane</u>	Address: <u>5 Blue Crab Lane</u>
<u>Panama City Beach, FL 32413</u>	<u>Panama City Beach, FL 32413</u>
<u></u>	<u></u>
Name and Title: <u>Chris Roberts, Secretary/Treasurer</u>	Name and Title: <u></u>
Address: <u>120 Dragon Circle 27005</u>	Address: <u></u>
<u>Panama City Beach, FL 32411</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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19 AUG -6 AM 11:15

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: Jason Roberts

 Address: 17614 Ashley Drive

 Panama City Beach, Florida 32413

ARTICLE VII INCORPORATOR

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

Name: Jason Roberts

 Address: 17614 Ashley Drive

 Panama City Beach, FL 32413

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

7/26/2019

 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

7/26/2019

 Date