

P19000063114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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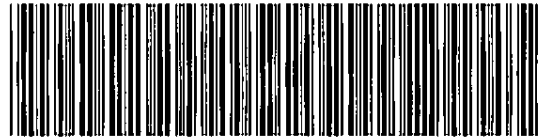
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32399

N. SAMS

AUG 13 2019

COVER LETTER

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

SUBJECT: Absecon Group, LLC

(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: David Gunsteens

Name (Printed or typed)

23336 Key Largo Loop

Address

Land O Lakes, FL 32796

City, State & Zip

(727) 809-1628

Daytime Telephone number

dgunstee@tampabay.rr.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: Absecon Group, LLC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1209 Macon Drive

Titusville, FL 32780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

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TALLAHASSEE, FL 32301

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Manion, Director

Name and Title: Lisa Manion, Director

Address 1209 Macon Drive

Address: 1209 Macon Drive

Titusville, FL 32780

Titusville, FL 32780

Name and Title: Revenue Cycle Consulting Group, Inc., Dir

Name and Title: _____

Address 23336 Key Largo Loop

Address: _____

Land O Lakes, FL 34639

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Christopher Manion
Address: 1209 Macon Drive
Titusville, FL 32780

ARTICLE VII INCORPORATOR

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

Name: David Gunsteens
Address: 23336 Key Largo Loop
Land O Lakes, FL 34639

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TALLAHASSEE, FL 32310

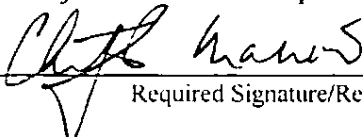
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 29, 2019. (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

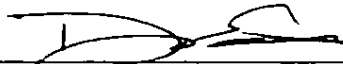


Required Signature/Registered Agent

July 29, 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

July 29, 2019

Date