

P19000065177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

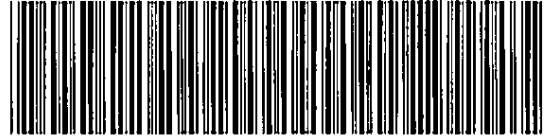
(Document Number)

Certified Copies _____ Certificates of Status _____

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W1900069728



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07/18/19--01011--011 **78.75

2019 AUG 19 10:10:49
FALL HILLS, IL

COVER LETTER

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

SUBJECT: Suncoast Gold Shrimp, 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: J. Timothy Greene
Name (Printed or typed)

6102 Bob Head Rd
Address

Plant City FL 33565
City, State & Zip

813-784-5668
Daytime Telephone number

win4time@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

J. TIMOTHY GREENE
6102 BOB HEAD RD
PLANT CITY, FL 33565

SUBJECT: SUNCOAST GOLD SHRIMP, INC.
Ref. Number: W19000069728

We have received your document for SUNCOAST GOLD SHRIMP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 319A00015791

2019 AUG 1 10 10 AM

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: Suncoast Gold Shrimp, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6102 Bob Head Rd

Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEAFOOD SALES

2019 AUG 19 AM 10:45
INITIALED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J. Timothy Greene PT

Address

6102 Bob Head Rd

Plant City, FL 33565

Name and Title: Sharon Greene VS

Address:

6102 Bob Head Rd

Plant City, FL 33565

Name and Title: _____ Name and Title: _____

Address

Address: _____

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: J. Timothy Greene

Address: 6102 Bob Head Rd

Plant City, FL 33565

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: J. Timothy Greene

Address: 6102 Bob Head Rd

Plant City, FL 33565

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

J. Timothy Greene

Required Signature/Registered Agent

7/16/19

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.

J. Timothy Greene

Required Signature/Incorporator

7/16/19

Date