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FILED
2019 OCT 22 AM 9: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 2 , 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hospitality 64, Inc.

Signature

_____

Requested by: Seth   10/22/19

Name   Date   Time

Walk-In _____   Will Pick Up _____

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

_____ L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

_____ Art. of Amend. File_____

_____ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier_____

COVER LETTER

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

SUBJECT: __, Hospitality 64, Inc.
_____(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: George G. Pappas
_____
Name (Printed or typed)

1822 N. Belcher Rd., Suite 200
_____
Address

Clearwater, FL 33765
_____
City, State & Zip

727-447-4999
_____
Daytime Telephone number

george@pappaspa.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: Hospitality 64 Inc.

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address

1770 Argentia Road

Mississauga, Ontario L5N 3S7

Mailing address, if different is:

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: Any & all lawful business practices

ARTICLE IV   SHARES
The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Konstandinos Karamountzos, President

Address   1770 Argentia Road

Mississauga, Ontario L5N 3S7

Name and Title:

Address:

Name and Title: Sam Karamountzos, Secretary/Treasurer

Address   615 S. Missouri Ave.

Clearwater, FL   33756

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: George G. Pappas

Address: 1822 N. Belcher Rd., Suite 200

            Clearwater, FL   33765

ARTICLE VII   INCORPORATOR

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

Name: George G. Pappas

Address: 1822 N. Belcher Rd., Suite 200
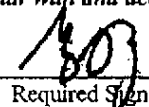
            Clearwater, FL   33765

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
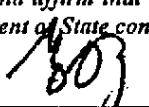
_____   10-18-19
Required Signature/Registered Agent   Date

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.

_____   10-18-19
Required Signature/Incorporator   Date