

P19000081085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

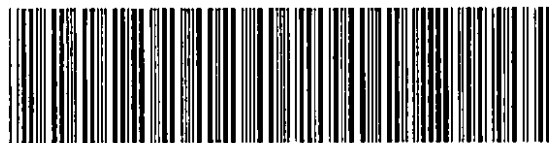
(Document Number)

Certified Copies _____

Certificates of Status _____

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10/30/19--01002--014 **70.00

2019 OCT 30 AM 10:58 OCT 30 AM 7:38

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CLERK OF COURT
JANUARY 10 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10/29/2019

☐ **CERTIFIED COPY** _____
xx **PHOTOCOPY** _____
☐ **CUS** _____
xx **FILING** INC _____

1. **THE EMERSON BRISTOL COLLECTIVE INC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: THE EMERSON BRISTOL COLLECTIVE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 N ROME AVE #2431

TAMPA, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the transaction of any or all lawful business for which

Corporations may be incorporated under the provisions of the Florida General Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELINDA S GENTRY, PRESIDENT

Name and Title: _____

Address 400 N. ROME AVE #2431

Address: _____

TAMPA, FL 33606

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: MELINDA S GENTRY, PRESIDENT

Address: 400 N ROME AVE #2431

TAMPA, FL 33606

ARTICLE VII INCORPORATOR

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

Name: MELINDA S GENTRY

Address: 400 N ROME AVE #2431

TAMPA, FL 33606


ARTICLE VIII EFFECTIVE DATE: NOVEMBER 1, 2019

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.)

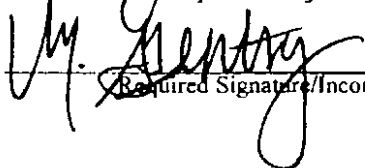
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/28/19
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

10/28/19
Date