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SECRETARY OF STATE

JAN 2.4 2020 K Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 150143 7377116 AUTHORIZATION Smell Cleman COST LIMIT : ORDER DATE: January 23, 2020 ORDER TIME : 2:16 PM ORDER NO. : 150143-005 CUSTOMER NO: 7377116 DOMESTIC FILING NAME: 13525 US HIGHWAY 19 NORTH, INC EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY XX \_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_

## **COVER LETTER**

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

SUBJECT: 1352	25 US Highway 19 North, Inc. (PROPOSED CORPORA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	<ul><li>☒ \$78.75</li><li>Filing Fee</li><li>&amp; Certificate of Status</li></ul>	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	Richard T. Heiden, Esq. Name	(Printed or typed)	<del></del>
	2723 State Road 580	Address	
	Clearwater, FL 33761-3343 City,	State & Zip	
	727.771.7888 Daytime To	elephone number	
_	richardheiden@rthlaw.com E-mail address: (to be used	for future annual report n	otification)

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)

. OTLCLE II DDINCI	BU AFFICE			
<u> 1<i>RTICLE II PRINCI</i></u>	Principal street address	Mailing address, if different is:		
13525 Highway	10 North	18514 U.S. Highway 19 North, Suite		
Clearwater FL 331	19 North	Clearwater, FL 33764		
ARTICLE III PURPOS	<u> </u>			
The purpose for which the	e corporation is organized is: <u>any lawful</u>	purpose		
		Σs	2020	
	<del></del>		20 JAN	
		7/ 2- 1/-21	<b>₹</b> 2₩	
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ARTICLE IV SHARE	S		j .	
	lock is: 100	뭐		
			<b>⊃</b>	
ARTICILE V INITIAL	OFFICERS AND/OR DIRECTORS			
Name and Title:		Name and Title: President, Secretary, Treasu	urer	
Address	18514 US Highway 19 N, Suite E	Address:		
-	Clearwater, FL 33764			
-				
Name and Title:_		Name and Title:		
Address _		Address:		
-		· · · · · · · · · · · · · · · · · · ·		
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Name and Title:_		Name and Title:		
Address _		Address:		
		<del></del> -		

Name a	nd Title:	Name and Title:	<u> </u>
Address		Address:	
		<u></u>	
. none or or or			
The name and F	REGISTERED AGENT  Torida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Richard T. Heiden	<del></del>	
Address:	2723 State Road 580		
	Clearwater, FL 33761-3343		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Richard Heiden	<del></del>	
Address:	2723 State Road 580		
	Clearwater, FL 33761		
Effective date, if	EFFECTIVE DATE: other than the date of filing: January 16, late is listed, the date must be specific and	2020 . (OPTION cannot be more than five da	NAL) Tys prior or 90 days after the
Note: If the date	inserted in this block does not meet the app ffective date on the Department of State's re		ments, this date will not be listed as
certificate, I am J	ned as registered agent to accept service of pro unditar with and accept the appointment as r	egistered agent and agree to ac	
	Required Signature/Registered Age	nt	01/17/2020 Date
	ument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that t	the false information submitted in
J			