

P20000012717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

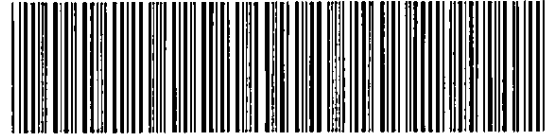
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/20--01002--010 **78.75

2020 FEB 12 11:40 AM
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLINAN

FEB 13 2020

CAPITAL CONNECTION, INC.

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

786 MADISON STREET N INC

Signature _____

Requested by: SETH

02/12/20

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 _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2020

CAPITAL CONNECTION, INC.

SUBJECT: 786 MADISON STREET N
Ref. Number: W20000013846

We have received your document for 786 MADISON STREET N 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name in Article I does not match cover sheet.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 920A00003036

20 FEB 12 11:20

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit

2020 FEB 12 AM 10:08

ARTICLE I NAME

The name of the corporation shall be, THE FLORIDA SOUTHERN

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

525 N. FLORIDA ST.
TALLAHASSEE FL 32302

Mailing address, if different is:

525 N. FLORIDA ST.
TALLAHASSEE FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE PURPOSE OF

ARTICLE IV SHARES

The number of shares of stock is, 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN J. SOUTHER Name and Title: _____

Address: 505 N. FLORIDA ST. Address: _____

TALLAHASSEE FL

FL 32302

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

2020 FEB 12 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FL

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: L'Esmond Bratti
Address: 505 N FRANKLIN ST
TAMPA FL 33602

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: L'Esmond Bratti
Address: 505 N FRANKLIN ST
TAMPA FL 33602

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

L'Esmond Bratti 02/10/2020
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.

L'Esmond Bratti 02/10/2020
Required Signature-Incorporator Date