

2020  
P20000045513  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : I20080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: justin.savioli@katzbaskies.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**2600 South Ocean Ventures, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

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

SUBJECT: 2600 South Ocean Ventures, 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**

2020 JUN 22 PM 4:52

FILED

FROM: Justin Savioli  
Name (Printed or typed)  
3020 North Military Trail Suite 100  
Address  
Boca Raton, FL 33431  
City, State & Zip  
561-610-5700  
Daytime Telephone number  
justin.savioli@katzbaskies.com  
E-mail address: (to be used for future annual report notification)

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

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**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: 2600 South Ocean Ventures, Inc.**ARTICLE II PRINCIPAL OFFICE**433 Plaza Real Principal street address

Mailing address, if different is:

Suite 275Boca Raton, FL 33432**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: William Rinaldi, President

Name and Title: \_\_\_\_\_

Address 433 Plaza Real

Address: \_\_\_\_\_

Suite 275Boca Raton, FL 33432

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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JUL 1 2020

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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: William Rinaldi  
Address: 2600 S Ocean Blvd. Apt. 8D  
Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Rinaldi  
Address: 433 Plaza Real Suite 275  
Boca Raton, FL 33432

**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*

  
Required Signature/Registered Agent

6/22/20  
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

6/22/20  
Date

H200001908193