

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	¥)
		MAIL
(Bu	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	

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FILED 20 OCT 14 PH 8: 37 MALLANSSEE (12) :

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October 6, 2020

Department of State Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: Cheryl Getz Properties 2, Inc. Florida Document Number: P19000090808

Dear Department:

It has come to our attention that our corporation Cheryl Getz Properties 2, Inc. was dissolved administratively.

At this time I would like to release our document number P19000090808 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,

Scott G Rutherford, President



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COVER LETTER

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

	Cheryl Getz Properties 2, Inc.	
SUBJECT:		

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

Fee Filing Fee & Certificate of Status

\$78.75

\$78.75
\$87.50
Filing Fee
Certified Copy
Certificate of Status

ADDITIONAL COPY REQUIRED

Scott G Rutherford FROM:

Name (Printed or typed)

615 Cape Coral Pkwy W., Suite 106

Address

Cape Coral, FL 33914

City, State & Zip

613-329-3882

Daytime Telephone number

srutherford@sympatico.ca

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)

<u>LE II PRINC</u>	<u>IPAL OFFICE</u>		
veroft Lane	Principal street address		Mailing address, if different is:
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CLE III PURPO	DSE Any a Any a	nd all Lawful Business.	·
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<u></u>			
ICLE IV SHARI	<u>25</u> 100 Shares @ 1.00 par value stock is:	e per share	Strephological Strephological
<u>'CLE V _ INITIA</u>	I. OFFICERS AND/OR DIRECTOR	<u>85</u>	6: 37 CORDA
ICLE VINITIA Name and Title	LOFFICERS AND/OR DIRECTOR Scott G Rutherford, D	S Name and Title:	6: 37 CORDA
<u>'CLE V _ INITIA</u>	LOFFICERS AND/OR DIRECTOR Scott G Rutherford, D	<u>85</u>	Cheryl A Rutherford, D
ICLE V <u>INITIA</u> Name and Title	L OFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane	S Name and Title:	Cheryl A Rutherford, D 330 Bycroft Lane
<u>CLE V_INITIA</u> Name and Title Address	L OFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane	85 Name and Title: Address:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA
<u>CLE V_INITIA</u> Name and Title Address	LOFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane Godfrey, ON KOH 1T0 CA	Mame and Title: Address: Name and Title:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA
CLE V <u>INITIA</u> Name and Title Address Name and Title:	L OFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane Godfrey, ON KOH 1T0 CA	Name and Title: Address: Name and Title: Name and Title: Address:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA
<u>CLE V INITIA</u> Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane Godfrey, ON KOH 1T0 CA	<u>Name and Title:</u> Address: Name and Title: Address: Address:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA
<u>CLE V INITIA</u> Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane Godfrey, ON KOH 1T0 CA	<u>Name and Title:</u> Address: Name and Title: Address: Address:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA
<u>CLE V INITIA</u> Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTOR Scott G Rutherford, D 330 Bycroft Lane Godfrey, ON KOH 1T0 CA	Mame and Title: Address: Name and Title: Address: Name and Title: Name and Title: Name and Title:	Cheryl A Rutherford, D 330 Bycroft Lane Godfrey, ON K0H 1T0 CA

Name and Title:	 	 _ Name and Title	o:	
Address	 	 _ Address:		
		_		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

615 Cape Coral Pkwy W., Suite 106 Address:

Cape Coral, FL 33914

Ronald St. Clair, CPA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

330 Bycroft Lane

Godfrey, ON K0H 1T0 CA

Scott G Rutherford

0 OCT 14 PM 8: FILED

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

10 (L (2020 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

Oct 6, 2020 Date