

P200000090499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

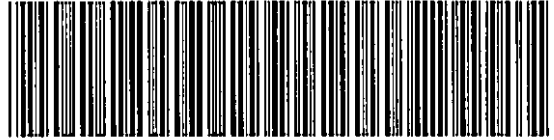
(Document Number)

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FILED  
2021 NOV 17 AM 8:47  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

## COVER LETTER

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

SUBJECT: TAMPA BAY PICNICS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: CLAUDETTE VEITIA HOLLENBACK  
Name (Printed or typed)

13402 COPPER HEAD DR.  
Address

RIVERVIEW, FL 33569  
City, State & Zip

(727) 365-2012  
Daytime Telephone number

CAEVEITIA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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)

ARTICLE I NAME

The name of the corporation shall be: TAMPA BAY PICNICS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13402 COPPER HEAD DR.  
RIVERVIEW, FL 33569

N/A

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: P, S, T CLAUDETTE VEITIA HOLLENBACK

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

Address 13402 COPPER HEAD DR.

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

RIVERVIEW, FL 33569

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: CLAUDETTE VEITIA HOLLENBACK  
Address: 13402 COPPER HEAD DR.  
RIVERVIEW, FL. 33569

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLAUDETTE VEITIA HOLLENBACK  
Address: 13402 COPPER HEAD DR.  
RIVERVIEW, FL. 33569

2020 NOV 17 AM 8:47  
11-17

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 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

11/09/2020  
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

11/09/2020  
Date