

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA PROFIT/NON PROFIT CORPORATION OWLHOOTS CORP

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** OWLHOOTS CORP

(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:** DUBINI, JONATHAN

Name (Printed or typed)

4004 VENETIAN BAY DR APT 102

Address

KISSIMMEE, FL 34741

City, State & Zip

407-5746677

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

H210000021823

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: OWLHOOTS CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

4004 VENETIAN BAY DR APT 1024004 VENETIAN BAY DR APT 102KISSIMMEE, FL 34741KISSIMMEE, FL 34741ARTICLE III PURPOSEThe purpose for which the corporation is organized is: SERVICESARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENT

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

Address

DUBINI, JONATHAN

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

4004 VENETIAN BAY DR APT 1021KISSIMMEE, FL 34741Name and Title: VICE-PRESIDENT

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

Address

BELUSCI, PAMELA

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

4004 VENETIAN BAY DR APT 102KISSIMMEE, FL 34741

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: DUBINI, JONATHAN  
 Address: 4004 VENETIAN BAY DR APT 102  
KISSIMMEE, FL 34741

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DUBINI, JONATHAN  
 Address: 4004 VENETIAN BAY DR APT 102  
KISSIMMEE, FL 34741

**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

01-04-2021  
 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

01-04-2021  
 Date