

P210000006361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

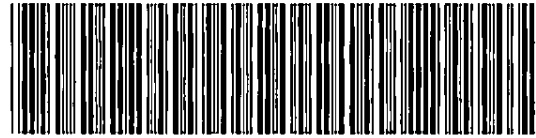
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11-20

CAPITAL CONNECTION, INC.

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

Palmetto Sunshine Inc

Signature _____

Requested by: SETH

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 _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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____ Courier _____

COVER LETTER

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

Palmetto Sunshine 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:

☒ \$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: Maximilian Schenk, Esq.

Name (Printed or typed)

Schenk & Associates PLC, 606 Bald Eagle Dr., Ste. 612

Address

Marco Island, Florida 34145

City, State & Zip

239-394-7811

Daytime Telephone number

mjs@schenk-law.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: Palmetto Sunshine Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Attn Schenk Business Services
606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

Mailing address, if different is:
Attn Schenk Business Services
606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate holdings and all other lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Prof. Elmar Baur as Director
Attn Schenk Business Services
Address: 606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

Name and Title: _____

Address: _____

Name and Title: Maria Baur as President
Attn Schenk Business Services
Address: 606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

Name and Title: _____

Address: _____

Name and Title: Fran Schenk as Treasurer
Attn Schenk Business Services
Address: 606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

Name and Title: _____

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: Fran Schenk

Address: Schenk Business Services
606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maximilian Schenk, Esq.

Address: Schenk & Associates PLC
606 Bald Eagle Drive, Suite 612
Marco Island, Florida 34145


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

1/29/21
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

1/29/2021
Date

01:11:23 63187162