

Division of Corporations

4/8/21 10:16 AM

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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 : LIQUOR LICENSE LOCATORS, LLC
Account Number : I20200000150
Phone : (407)953-0034
Fax Number : (866)929-0535

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ATHENS HOSPITALITY CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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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: ATHENS HOSPITALITY CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

2300 BEE RIDGE RD, STE 301

SARASOTA, FL 34239

Mailing address, if different is:

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADEL ELOSTTA - PRESIDENT

Name and Title:

Address: 6716 ANCHOR WAY

Address:

SARASOTA, FL 34231

Name and Title: Dina Kazakos-Elostta- VP

Name and Title:

Address: 6716 ANCHOR WAY

Address:

Sarasota, FL 34231

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FL
STATE

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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: ADEL ELOSTTA
Address: 4541 MOHICAN TRAIL
SARASOTA, FL 34233

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Adel Elosta
Address: 4541 Mohican Trail
Sarasota, FL 34233

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

Adel Elosta
Required Signature/Registered Agent

3-25-2021
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.

Adel Elosta
Required Signature/Incorporator

3-25-2021
Date

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FILED
TALAMON, FL