

P21000084907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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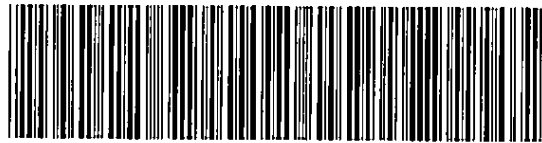
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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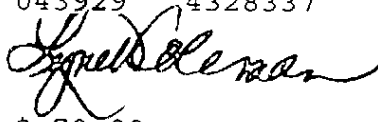
SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 043929 4328337

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : September 28, 2021

ORDER TIME : 9:03 AM

ORDER NO. : 043929-040

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: SANIBEL CENTER HOLDINGS
CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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: SANIBEL CENTER HOLDINGS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

1711 Periwinkle Way

Sanibel, FL 33957

Mailing address, if different is:

17274 San Carlos Blvd., Suite 202

Ft. Myers Beach, FL 33931

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: 100 (\$0.01 par value)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Anglim, President/Director

Address: 17274 San Carlos Blvd., Suite 202

Ft. Myers Beach, FL 33931

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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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: Dentons Cohen & Grigsby P.C.

Address: Mercato - Suite 6200, 9110 Strada Place

Naples, FL 34108

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michelle Graeb, c/o Dentons Cohen & Grigsby P.C.

Address: 625 Liberty Avenue, 5th Floor

Pittsburgh, PA 15222-3152

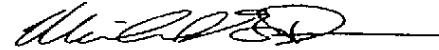
ARTICLE VIII EFFECTIVE DATE:

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:



Michael Dana, on behalf of Dentons Cohen & Grigsby P.C. 09/28/2021

Required Signature/Registered Agent

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

Date 9-28-21

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