# P220000 12804

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



## 200382031782

02/18/22--01010--016 \*\*70.00





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#### CAPITAL CONNECTION, INC.

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

#### DEVON SHORES INC.

		 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	
		 Сен. Сору	
		 Photo Copy	
		 Certificate of Good Standing	-
		 Certificate of Status	
		 Certificate of Fictitious Name	
		 Corp Record Search	
		 Officer Search	
		 Fictitious Search	
		 Fictitious Owner Search	
		 Vehicle Search	
		 Driving Record	
		 UCC 1 or 3 File	
		 UCC 11 Search	
Date T	ime	 UCC 11 Retrieval	

Signature

Requested by:

- --- --- --- --- --- ---

Name	

#### COVER LETTER

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

Devon Shores 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 Filing Fee □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

-14

FROM: George G. Pappas

Name (Printed or typed)

1822 N. Belcher Rd., Suite 200

Address

Clearwater, FL 33765

City, State & Zip

727-447-4999

Daytime Telephone number

john@devcor.com

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

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

1

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

<u>RTICLE II PRINC</u>	<u>IPAL OFFICE</u> Principal <u>street</u> address		Mailing add	lress, if differei	nt ier	
770 Argentia Road	Thopa <u>Brice</u> address	same	manng ada	ness, n unterei	it 13.	
Mississauga, Ontario L	.5N 3S7 Canada					
RTICLE III PURPO	<u>SE</u> at corporation is organized is: Any and all 1	awful business p	urposes			
	, , , ,					
		<u></u>				
			<b>`</b>	- (i) - (i)	2022	
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e number of shares of s	stock is:			LANASSE	EB 18 AMI	
he number of shares of s <u>RTICLE V INITIA</u>	tock is:				18	
he number of shares of s <u>RTICLE V INITIA</u>	L OFFICERS AND/OR DIRECTORS George Karamountzos, Director/President	Name and Title			18 AM 10: 49	
Name and Title	L OFFICERS AND/OR DIRECTORS George Karamountzos, Director/President				18 AM 10: 49	
he number of shares of s <u>RTICLE V INITIA</u> Name and Title	tock is: <u>100</u> <u>LOFFICERS AND/OR DIRECTORS</u> George Karamountzos, Director/President 1770 Argentia Road	Name and Title			18 AM 10: 49	
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Name and Title	3:	Name and Title	
Address		Address:	
	<i></i>	-	<u></u>
		-	

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	George G. Pappas		
Address:	1822 N. Belcher Rd., Suite 200		
	Clearwater, FL 33765		

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	George G. Pappas	
Address:	1822 N. Belcher Rd., Suite 200	
	Clearwater, FL 33765	

#### 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.)

<u>Note:</u> 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

Bequired Signature/Registered Agent

I submit this document and affirm that the factorizated herein are true. I am aware that the false information submitted in a document to the Department of Nate constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporate

2-17-22 Date

Date

2-17-22