

P22000017675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

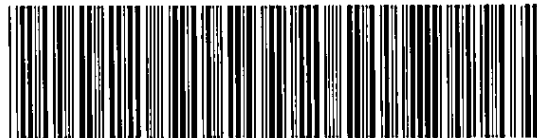
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL
2022 MAR -3 PM 4:49

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STATE
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2022 MAR -2 PM 3:32

Ne 3/3/22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CORPORATE ACCESS

SUBJECT: SHAZZY HOSPITALITY INC
Ref. Number: W22000027135

Corrected

We have received your document for SHAZZY HOSPITALITY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the Incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00005204

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CALLAHANSEE, FL 001

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 03/02/2022

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** INC _____

1. Shazzy Hospitality Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Shazzy Hospitality Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1651 S 6th St, Macclenny, FL 32063

Mailing address, if different is:
280 Broward Road, Jacksonville FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hotel Operator

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CLERK OF STATE
JACKSONVILLE, FL

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mira Resch - President

Name and Title: _____

Address 280 Broward Road
Jacksonville, FL 32218

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Mira Resch

Address: 280 Broward Road, Jacksonville FL 32218

ARTICLE VII INCORPORATOR

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

Name: Mira Resch

Address: 280 Broward Road, Jacksonville FL 32218

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

Mira Resch

Required Signature/Registered Agent

3/2/2022

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.

Mira Resch

Required Signature/Incorporator

3/2/2022

Date

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