

P22 0000 211 69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

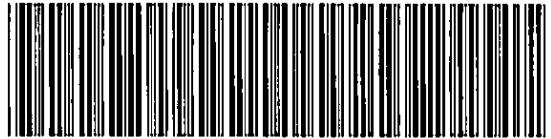
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Certified Copies _____

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2022 MAR 21 PM 4:47

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2022 MAR 21 PM 4:56

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: High Tides and Fly Bites 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 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM:

Teguesta Dukes
Name (Printed or typed)

P.O. Box 1929
Address

Apopka, FL 32704
City, State & Zip

407-692-5471
Daytime Telephone number

~~Buy~~ Buynowtld@yahoo.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:

High Tides and Fly Rides, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

235 E. 5th St.
Apopka, FL 32703

P.O. Box 1929
Apopka FL 32704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Watercraft Rental

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teguesta Dukes ^{Vice President} Name and Title: _____
Address: P.O. Box 1929 Address: _____
Apopka FL
32704

Name and Title: Ladra Thurmond ^{Vice President} Name and Title: _____
Address: 230 N.W. 7th Address: _____
Ave. Florida City FL
33034

Name and Title: Patrick Gardner ^{President} Name and Title: _____
Address: 230 N.W. 7th Ave Address: _____
Florida City FL
33034

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:

Tequesta Dukes

Address:

235 E. 5th St.

Apopka, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Tequesta Dukes

Address:

235 E. 5th St.

Apopka, FL 32703

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

Tequesta Dukes
Required Signature/Registered Agent

03/21/22
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.

Tequesta Dukes
Required Signature/Incorporator

03/21/22
Date

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