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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN - 9 2022

## COVER LETTER

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

SUBJECT: Tropical Breeze REALTY, GA.  
(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: Kathleen Morahan  
Name (Printed or typed)

64 Sunny Shore Dr.  
Address

ORMOND BEACH, FL 32176  
City, State & Zip

386-316-6372  
Daytime Telephone number

MSKATHYM@Ymail.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: Tropical Breeze Realty, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

64 Sunny Shore Dr  
ORMOND BEACH, FL 32176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate sales

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>KATHLEEN MONAHAN, President</u>	Name and Title:	<u>Kathleen Monahan, Treasurer</u>
Address:	<u>64 Sunny Shore Dr</u> <u>ORMOND BEACH, FL</u> <u>32176</u>	Address:	<u>64 Sunny Shore Dr</u> <u>ORMOND BEACH, FL</u> <u>32176</u>

Name and Title:	<u>Kathleen Monahan, Vice Pres.</u>	Name and Title:	_____
Address:	<u>64 Sunny Shore Dr</u> <u>ORMOND BEACH, FL</u> <u>32176</u>	Address:	_____

Name and Title:	<u>Kathleen Monahan, Sec. Rep.</u>	Name and Title:	_____
Address:	<u>64 Sunny Shore Dr</u> <u>ORMOND BEACH, FL</u> <u>32176</u>	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: Kathleen Monahan  
Address: 64 Sunny Shore Dr  
ORMOND BEACH FL 32176

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CLERK DEPT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Kathleen Monahan  
Address: 64 Sunny Shore Dr  
ORMOND BEACH, FL 32176

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5-3-2022 (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*

Kathleen Monahan  
Required Signature/Registered Agent

5-3-2022  
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.*

Kathleen Monahan  
Required Signature/Incorporator

5-3-2022  
Date