

P22000049941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

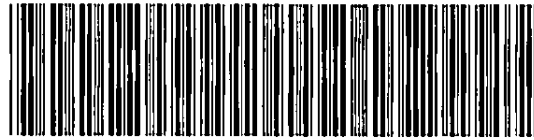
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/22--01011--004 **70.00

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2022 JUN 16 AM 8:10

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2022 JUN 16 AM 10:58

TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

70

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: 06/16/2022

☐ **CERTIFIED COPY**

XX **PHOTOCOPY**

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ARTICLES

1. **SHORES FWS #17 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:**

COVER LETTER

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

SUBJECT: SHORES FWS #17 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DENISE MORRILL
Name (Printed or typed)

725 N MAGNOLIA AVE
Address

ORLANDO FL 32803
City, State & Zip

386-222-9668
Daytime Telephone number

denise@liquorlicenseprofessional.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: SHORES FWS #17 INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2044 E CLOVELLY LA

ST AUGUSTINE FL 32092

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REEKEE PATEL PRES/DIR Name and Title: _____

Address 2044 E CLOVELLY LA Address: _____

ST AUGUSTINE FL 32092

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: STEPHEN M STONE
Address: 725 N MAGNOLIA AVE
ORLANDO FL 32803

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SEC. OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REEKEE PATEL
Address: 2044 CLOVELLY LA
ST AUGUSTINE FL 32092

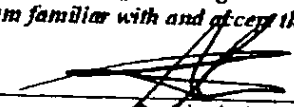
ARTICLE VIII EFFECTIVE DATE:

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:



Required Signature/Registered Agent

6/15/22
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.



Required Signature/Incorporator

Date

6/15/22