

P23000064007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

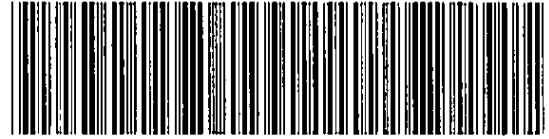
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100413414951

RECEIVED

2023 AUG 28 PM 3:17

2023

2:41:45

FILE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 08/28/23
Order #: 1258364-1
Re: Constellations Group Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

I20000000195

auth:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'auth:'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2023

CSC

SUBJECT: CONSTELLATIONS GROUP, INC.
Ref. Number: W23000117900

RESUBMIT
Please give original
submission date as file date.

We have received your document for CONSTELLATIONS GROUP, INC..
However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or
it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from
the one presently on file.

The document number of the name conflict is L15000154342.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 823A00020146

RECEIVED
2023 SEP -6 PM 3:30
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Constellations Group of Florida, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

bw@bill-white.net

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

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

2023年12月21日 9:46

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: William White

Address: 2619 Washington Road

West Palm Beach, Florida 33405

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

Alexis Wiland-Jensen, AVP

Required Signature/Registered Agent

08/28/2023

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.

William White

08/24/2023

708434241254400
Required Signature/Incorporator

Date

2023 AUG 23 AM 9:46