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Division of Corporations Electronic Filing Cover Sheet

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(((H24000124921 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

Email Address: harry@samuelsaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DESTIN RETAIL PARTNERS INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2024 APR -5 PM 4: 42
SECRETARY OF STATE
ALLIAHASSET FIREDIN.



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**

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: DES	TIN RETA	IL PARTNE	RS INC			
ARTICLE II PRINC	TIPAL OFFICE Principal street address		Mailing address, if different is:		s:		
ARTICLE III PURPO The purpose for which t	he corporation is organized is: AN			·····			
					SECRETANY FALTAHASSE	က် ငြ	<u> </u>
ARTICLE V INITIA	stock is: 1,500 at No Par Value LOFFICERS AND/OR DIRECTOR	_			E. FLORIDA	¢א וי: 42	
Name and Title	ST AUGUSTINE, FL 32084	Addr					
Name and Title: Address		Name					
Name and Title:		Name					

			H24000124921
Name an	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	HARRY M SAMUELS		
Address:	2901 STIRLING ROAD 308		
	FT LAUDERDALE, FL 33312		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	idress of the Incorporator is:		
Name:	JEAN PIERRE KLIFA		
Address:	21 SPANISH STREET		
	ST AUGUSTINE, FL 32084		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	OPTION (OPTION	AL) ys prior or 90 days after the
	inserted in this block does not meet the applica flective date on the Department of State's recor		nents, this date will not be listed as
Having been nam certificate, Turn f	ned as registered agent to accept service of proces amiltur with good accept the appointment as regis	ss for the above stated corpor stered agent and agree to ac	ration at the place designated in this t in this capacity
-	y prome		April 4, 2024
Required Signatur	re/Registered Agent - HARRY M SAMUE	LS	Date
	nument and affirm that the facts stated herein a Department of State constitutes a third degree fe		
	Munit		April 4, 2024
Required Signatu	re/Incorporator JEAN PIERRE KLIFA		Date