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S. CHATHAM

JUL 3 . 2024

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DIVISION OF CORPORATIONS
CABLE AND/OR HAND
ALL AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ICONDOS PROPERTY MANAGEMENT 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

FEE HAS BEEN COLLECTED

☐ $78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Jessette Naftzger
Name (Printed or typed)

P.O BOX 76554
Address

St Petersburg. FL. 33734
City, State & Zip

727.452.5406
Daytime Telephone number

icondos@gmail.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: ICONDOS PROPERTY MANAGMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
~~4669 GULF BLVD #114~~	P.O BOX 76554
ST PETE BEACH FL. 33706	ST PETERSBURG FL 33734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services / Property MGMT

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CABLE AND/OR VIDEO FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessette Naftzger Initial Officer	Name and Title:
Address PO BOX 76554	Address:
ST PETERSBURG FL 33734	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	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: REGISTERED AGENTS INC

Address: 7901 4th St N STE 300

St Petersburg, FL. 33702

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jessette Naftzger

Address: 4669 Gulf Blvd #114

St Pete Beach FL. 33706

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

David Roberts — 7/25/2024

Required Signature/Registered Agent — 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.

JNaftzger — 7/25/2024

Required Signature/Incorporator — Date