

TRANSMITTAL LETTER

P990000 75385

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

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-08/18/99--01013--020
*****87.50 *****87.50

SUBJECT: Backstreets of St. Augustine, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: Dawn Quackenbush
Name (Printed or typed)

601 Spanish Street
Address

St. Augustine, FL 32085
City, State & Zip

904-827-0990

Daytime Telephone number

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

F. CHANCE

AUG 23 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Backstreets of St. Augustine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

61 Spanish Street
St. Augustine, FL 32085

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jarrod Lapato
3145 Coastal Hwy #1162
St. Augustine, FL 32095

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Dawn Quackenbush
61 Spanish Street
St. Augustine, FL 32085


Signature/Incorporator

8/17/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

8/17/99
Date

FILED
99 AUG 18 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA