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TRANSMITTAL LETTER

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

UBJECT: N &	T Boyer ,Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	_	•
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	DPY REQUIRED
_{FROM:} S	andra Boyer		
	Name	(Printed or typed)	
	5401 43rd Ave N		
		Address	
	St. Petersburg , Florida 3	3709	
	City,	State & Zip	
	707 740 6070		
	727-742-6278		
	Daytime T	elephone number	

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)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

N & T Boyer, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5401 43rd Ave N
St Petersburg, Florida 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Card Shop

ARTICLE IV SHARES

The number of shares of stock is:

1.000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sandra Boyer 5401 43rd Ave N Frederick Boyer 5401 43rd Ave N

St Petersburg, Florida 33709

St Petersburg, Florida 33709

President

Vice President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Sandra Boyer 5401 43rd Ave N St Petersburg , Florida 33709

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Sandra Boyer 5401 43rd Ave N St Petersburg, Florida 33709

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

Signature/Registered Agent

Date

Signature/Incorporator

Date