

PO 8000108728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

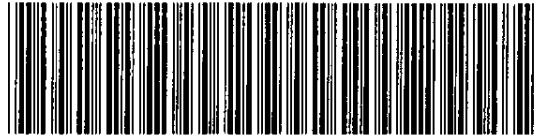
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 15 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA

COVER LETTER

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

SUBJECT: Ship2you Incorporated

(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Perla Mazzo

Name (Printed or typed)

5016 Ibis Ct

Address

Coconut Creek, FL 33073

City, State & Zip

754-368-5454

Daytime Telephone 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)

ARTICLE I NAME

The name of the corporation shall be:

Ship2you Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5016 Ibis Ct
Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
shipping and transportation

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Perla Mazzo
5016 Ibis Ct.
Coconut Creek, FL 33073
President and Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Perla Mazzo
5016 Ibis Ct
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Perla Mazzo
5016 Ibis Ct.
Coconut Creek, FL 33073

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

Perla M. Mazzo

Signature/Registered Agent

Perla M. Mazzo

Signature/Incorporator

12-7-2008

Date

12-7-2008

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA