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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

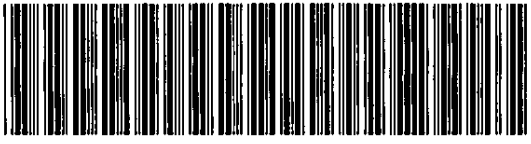
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/16--01027--001 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JUN 23 AM 10:36

JUN 30 2016

T. SCOTT

COVER LETTER

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

SUBJECT: SUPERVISION TWO 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

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

FROM: PETER MOST
Name (Printed or typed)

131 LIBERTY AVENUE
Address

MINEOLA, NY 11501
City, State & Zip

(516) 294-5790
Daytime Telephone number

SUPERVISION2@JUNIO.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: SUPERVISION TWO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3155 NW 13th Court
DEL RAY BEACH, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS IN
THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER MOST, PRESIDENT Name and Title: _____

Address 3155 NW 13th COURT Address: _____
DEL RAY BEACH, FL 33445

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 JUN 23 AM 19:36
DIVISION OF CORPORATIONS

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: PETER MOST
Address: 3155 NW 13th COURT
DEL RAY BEACH, FL 33445

ARTICLE VII INCORPORATOR

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

Name: PETER MOST
Address: 131 LIBERTY AVENUE
MINEOLA, NY 11501

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 business days prior or 90 business 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

Peter Most PETER MOST 6/20/16
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.

Peter Most PETER MOST 6/20/16
Required Signature/Incorporator Date