Division of Corporations

te: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

Account Number : 075350000353 : (800)221-2972 Phone

: (888)692-9256 Fax Number

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

nail	Address:	

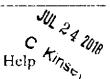
FLORIDA PROFIT/NON PROFIT CORPORATION

STPeede Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME The name of the corpora	STPeede Services, Inc	c.		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
3105 FARGO AVE		3105 FARGO AVE		
LAKE WORTH, FL 33	467	LAKE WORTH, FL 33467		
ARTICLE III PURPO		ct any and all lawful activity for which	a corporation	
may be formed.			18 5E(
			\$ 3 S	
			23 SSE	
			(TO)	
			OS S	
			30.A 57	
Name and Title	LOFFICERS AND/OR DIRECTORS SAMUEL T PEEDE - DIRECTOR 3105 FARGO AVE			
Address	LAKE WORTH, FL 33467	Address:		
Name and Title:				
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		
			-	

Name a	nd Title:	Name and Title:	
Addres	55	Address:	
			
	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	SAMUEL T PEEDE		
Address:	3105 FARGO AVE		
	LAKE WORTH, FL 33467		
	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	SAMUEL T PEEDE		
Address:	3105 FARGO AVE		
	LAKE WORTH, FL 33467		
Effective date, it		. (OPTIONA nnot be more than five days	L) prior or 90 days after the
Note: If the date	e inserted in this block does not meet the applica effective date on the Department of State's recor	able statutory filing requirements.	nts, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of pro am fumiliar with and accept the appointment as	cess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
y	Empered.		07/17/2018
	Required Signature/Registered Agent	 	Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree fo		
7	Someens/		07/17/2018
<u></u>	Required Signature/Incorporator		Date