

7/18/2018

Division of Corporations

**P1800063635**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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

Email Address: \_\_\_\_\_

RECEIVED

2018 JUL 23 AM 11:42

DIVISION OF CORPORATIONS  
OFFICE OF REVENUE SERVICES

**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

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Help

**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: STPeede Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3105 FARGO AVE

3105 FARGO AVE

LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation  
may be formed.

18 JUL 23 AM 8:52  
SECRETARY OF STATE  
ALLIANCE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Common \$ 1.00 Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SAMUEL T PEEDE - DIRECTOR

Name and Title: \_\_\_\_\_

Address

3105 FARGO AVE

Address: \_\_\_\_\_

LAKE WORTH, FL 33467

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: SAMUEL T PEEDE  
Address: 3105 FARGO AVE  
LAKE WORTH, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAMUEL T PEEDE  
Address: 3105 FARGO AVE  
LAKE WORTH, FL 33467

**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 days prior or 90 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*

↓ SAMUEL T PEEDE  
Required Signature/Registered Agent

07/17/2018  
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.*

↓ SAMUEL T PEEDE  
Required Signature/Incorporator

07/17/2018  
Date