

CURS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**F01000002073**

FILED  
01 APR 18 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: CINDY HICKS  
DATE: 4-18-01  
REF. #: 0174  
CORP. NAME: R + L Poupon, Inc

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: <u>4</u>                  |   |  |

STATE FEES PREPAID WITH CHECK# 1 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

600004015216--1  
-04/18/01--01032--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

COST LIMIT: \$ \_\_\_\_\_

- PLEASE RETURN:
- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING  
☐ CERTIFICATE OF STATUS

☐ PLAIN STAMPED COPY

Examiner's Initials

*WPK*  
*4/18*

RECEIVED  
01 APR 18 AM 10:02  
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. R & L POUPON, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York

(State or country under the law of which it is incorporated)

3. 13-4119910

(FEI number, if applicable)

4. 05/16/2000

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 755 South Palm Avenue, #105, Sarasota, Florida 34236

(Principal office address)

755 South Palm Avenue, #105, Sarasota, Florida 34236

(Current mailing address)

8. To engage in any activity or business under the laws of the United States, the State  
of New York and the State of Florida.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Louis Poupon

Office Address: 755 South Palm Avenue, #105

Sarasota, Florida 34236

(City)

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Louis Poupon

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Louis Poupon

Address: 755 South Palm Avenue, #105  
Sarasota, Florida 34236

Director: Roberta Poupon

Address: 755 South Palm Avenue, #105  
Sarasota, Florida 34236

B. OFFICERS

President: Roberta Poupon

Address: 755 South Palm Avenue, #105  
Sarasota, Florida 34236

Vice President: \_\_\_\_\_

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

Secretary: Louis Poupon

Address: 755 South Palm Avenue, #105  
Sarasota, Florida 34236

Treasurer: Louis Poupon

Address: 755 South Palm Avenue, #105  
Sarasota, Florida 34236

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Louis Poupon, Secretary & Treasurer  
(Typed or printed name and capacity of person signing application)

FILED  
APR 18 AM 11:35  
TALLAHASSEE, FLORIDA  
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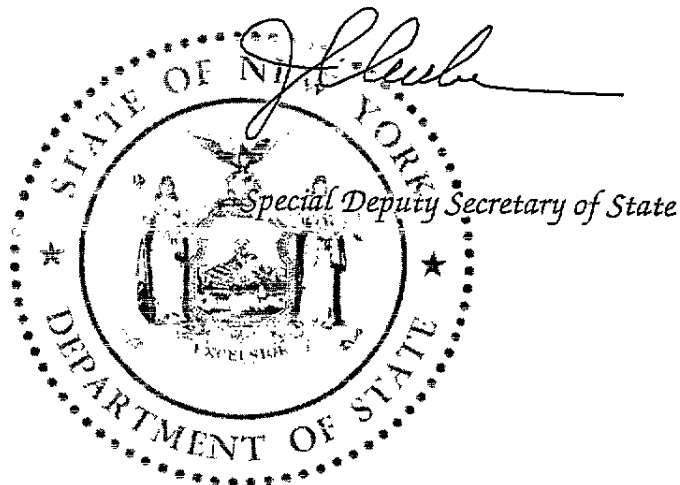
**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of R & L POUPON, INC. was filed on 05/16/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of April  
two thousand and one.

FILED  
APR 18 AM 11:35  
TAMMSE, FLORIDA



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