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

900003318679----07/10/00--01134--001 \*\*\*\*\*\*70,00 \*\*\*\*\*\*70.00

SUBJECT: Lisa Suttman Enterprises, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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

**\$78.75** 

\$87.50

Filing Fee

Filing Fee,

& Certified Copy Certified Copy
& Certificate of

& Ceruncau

Status

ADDITIONAL COPY REQUIRED

FROM: Lisa Suttman

Name (Printed or typed)

19626 U.S. Highway One

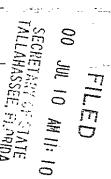
Address

Tequesta, FL 33469

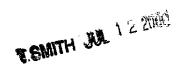
City, State & Zip

(561) 575-5588

Daytime Telephone number



NOTE: Please provide the original and one copy of the articles.



## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Lisa Suttman Enterprises, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19626 U.S. Highway One Tequesta, FL 33469

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares - Common

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lisa Suttman

19626 U.S. Highway One

Tequesta, FL 33469

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lisa Süttman

19626 U.S. Highway One

Tequesta, FL 33469

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date