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03 OCT 10 AM 1:29
SEC. STATE
TALLAH. FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Susan K. Associates 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

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Susan Kushlin
Name (Printed or typed)

9587A Boca Gardens Pkwy
Address

Boca Raton Fla 33496
City, State & Zip

561 929 0826
Daytime Telephone number

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:

Susan K. Associates, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9587A Boca Gardens Pkwy
Boca Raton, Fla 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Consultant

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Susan Kushlin - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Susan Kushlin
9587A Boca Gardens Pkwy
Boca Raton, Fla 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan Kushlin
9587A Boca Gardens Pkwy
Boca Raton, Fla 33496

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

Signature/Registered Agent

10-2-03

Date

Signature/Incorporator

10-2-03

Date