

P04000024713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

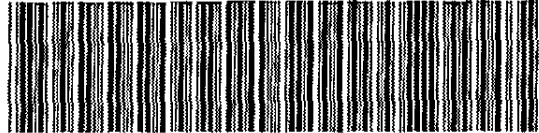
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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U2/UG/U4 --U1USG--U28 \*\*78.75

Is

FILED  
04 FEB -6 AM 7:50  
TALLAHASSEE, FLORIDA  
RECEIVED  
04 FEB -6 PM 12:30  
TALLAHASSEE, FLORIDA  
STATE  
DIVISION OF CORPORATIONS

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- \_\_\_\_\_

2- \_\_\_\_\_

3- STIPEC, INC. \_\_\_\_\_

4- \_\_\_\_\_

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
09 FEB - 6 AM 7:52  
TALLAHASSEE, FLORIDA

Examiner's Initials

## 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:

STIPEC, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1100 Ocean Shore Boulevard, Suite 9

Ormond-by-the-Sea, FL 32176

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business allowed in the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1.00 par value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lynn M. Bujanowski, President/Secretary

1100 Ocean Shore Blvd., Suite 9, Ormond-by-the-Sea, FL 32176

Walter James Bujanowski III, Vice President/Treasurer

1100 Ocean Shore Blvd., Suite 9, Ormond-by-the-Sea, FL 32176

### ARTICLE VI REGISTERED AGENT

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

Lynn M. Bujanowski

1100 Ocean Shore Boulevard, Suite 9

Ormond-by-the-Sea, FL 32176

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynn M. Bujanowski

1100 Ocean Shore Blvd., Suite 9

Ormond-by-the-Sea, FL 32176

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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

Lynn Bujanowski  
Signature/Registered Agent

2-5-04

Date

Lynn Bujanowski  
Signature/Incorporator

2-5-04

Date

FILED  
04 FEB -6 AM 7:59  
TALLAHASSEE, FLORIDA