

PO 4000095840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

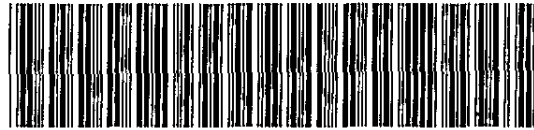
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6.23

TRANSMITTAL LETTER

Dept. of State
Division of Corporation
P O Box 6327
Tallahassee, Florida 32314

Subject: New York Composites Inc

Enclosed are an original and one (1) copy of the articles
of incorporation and a check for:

\$ 78 ⁷⁵
—

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:

New York Composites Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12807 W. Hillsborough Avenue
Suite L
Tampa, Florida 33635

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to take photos and produce composite cards.

ARTICLE IV SHARES

The number of shares of stock is:

1000 authorized at \$1.00 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kelly Lynne Rademaker P/VP/T/S
12807 W. Hillsborough Avenue
Suite L
Tampa, Florida 33635

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kelly Lynne Rademaker
12807 W. Hillsborough Avenue
Suite L
Tampa, Florida 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelly Lynne Rademaker
12807 W. Hillsborough Avenue
Suite L
Tampa, Florida 33635

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

Kelly Rademaker
Signature/Registered Agent

6-21-04
Date

Kelly Rademaker
Signature/Incorporator

6-21-04
Date

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