

POS000002170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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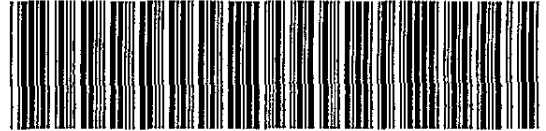
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: _____

SUPER T time 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: _____

PATRICK LAMOUREUX
Name (Printed or typed)

5235 SAPPHIRE VALLEY
Address

BOCA RATON FL 33486
City, State & Zip

561-542-0861
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN -5 PM 2:30

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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:

SUPER T TIME INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5235 SAPPHIRE VALLEY
BOCA RATON, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPECIALIZE IN CROWN MOLDING, REMODELING

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICK LAMOURA (President)
5235 SAPPHIRE VALLEY, BOCA RATON, FL 33486

ARTICLE VI REGISTERED AGENT

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

PATRICK LAMOURA
5235 SAPPHIRE VALLEY, BOCA RATON, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICK LAMOURA
5235 SAPPHIRE VALLEY, BOCA RATON, FL 33486

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

Patrick Lamoura
Signature/Registered Agent

1/3/05
Date

Patrick Lamoura
Signature/Incorporator

1/3/05
Date

FILED
05 JAN -5 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA