

P05000040840

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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43/17/15

## TRANSMITTAL LETTER

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

**SUBJECT:** SullivanPrep, 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:** Daniel P. Sullivan  
Name (Printed or typed)

9473 Abbott Ave. Apt. #8  
Address

Surfside, FL 33154  
City, State & Zip

(305) 804 6966  
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:

SullivanPrep, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 546324  
Surfside, FL 33154

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For all lawful business in the state of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

2000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Director: Daniel P. Sullivan  
President: Daniel P. Sullivan

### **ARTICLE VI REGISTERED AGENT**

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

Daniel Sullivan  
9473 Abbott Ave. Apt. #8  
Surfside, FL 33154

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Daniel Sullivan  
9473 Abbott Ave. Apt. #8  
Surfside, FL 33154

\*\*\*\*\*

*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



Date



Signature/Incorporator



Date

FILED

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TALLAHASSEE FLORIDA