

PD5000133461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

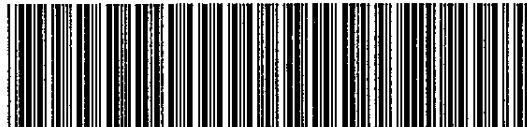
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/30/05
BWIC

COVER LETTER

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

SUBJECT: The Steir Corporation
(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: Gladys Steir
Name (Printed or typed)

314 S. Shadow Bay Dr
Address

Orlando, FL 32825
City, State & Zip

407-823-7500
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:

The Steir Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

314 S. Shadow Bay Dr. Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gladys M. Steir, President

Junior E. Steir, Vice President

314 S. Shadow Bay Dr.

Orlando, FL 32825

ARTICLE VI REGISTERED AGENT

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

Gladys Steir, President

314 S. Shadow Bay Dr.

Orlando, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gladys Steir

314 S. Shadow Bay Dr.

Orlando, FL 32825

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

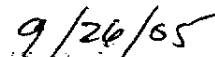


Signature/Incorporator

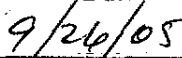
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05 SEP 29 AM 8: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date