

P05000134655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

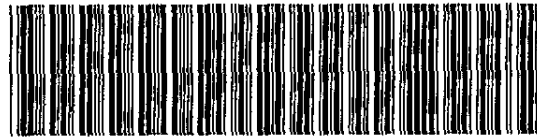
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

Cy. 10-4

COVER LETTER

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

SUBJECT: STEVE SUPERNOR, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: STEVE SUPERNOR
Name (Printed or typed)

13718 FAREHAM RD.
Address

ODESSA, FL 33556
City, State & Zip

727-647-1113
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:

STEVE SUPERNO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

13718 FAREHAM RD.
ODESSA, FL 33554

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COURIER SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVE SUPERNO
13718 FAREHAM RD
ODESSA, FL 33554
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

STEVE SUPERNO
13718 FAREHAM RD.
ODESSA, FL 33554

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVE SUPERNO
13718 FAREHAM RD.
ODESSA, FL 33554.

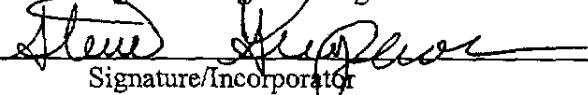
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/22/01

Date



Signature/Incorporator

9/22/01

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA