

P06000053047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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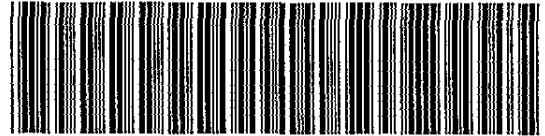
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 APR 13 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C8.473

COVER LETTER

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

SUBJECT: SUPRA SUPPORT SERVICES, 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: MATTHEW PHILLIPS
Name (Printed or typed)

181 MARITIME PLACE
Address

ROCKLEDGE, FLORIDA 32955
City, State & Zip

(321) 626-8969
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:

SUPRA SUPPORT SERVICES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

181 MARITIME PLACE, ROCKLEDGE, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT, LEGAL AND INTERNET SUPPORT

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):

MATTHEW PHILLIPS (P,S,D)
181 MARITIME PLACE
ROCKLEDGE, FL 32955

ARTICLE VI REGISTERED AGENT

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

MATTHEW PHILLIPS
181 MARITIME PLACE
ROCKLEDGE, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MATTHEW PHILLIPS
181 MARITIME PLACE
ROCKLEDGE, FL 32955

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

4/9/06

Date



Signature/Incorporator

4/9/06

Date