

P06000134127

(Requestor's Name)

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(Business Entity Name)

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2006 OCT 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 23 2006

COVER LETTER

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

SUBJECT: SPECIALTY PAPER PRODUCTS, 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

+ Certified Copy
8.75
Total \$ 87.50

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Herezel M. Shim
Name (Printed or typed)

3987 N.W. 94th Way
Address

Sunrise, Florida 33351
City, State & Zip

(954) 543-2570
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:

SPECIALTY PAPER PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3987 N.W. 94th Way
Sunrise, Florida 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~Supply paper products and other goods.~~ Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Herezel M. Shim
3987 N.W. 94th Way
Sunrise, Florida 33351
Title: President

ARTICLE VI REGISTERED AGENT

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

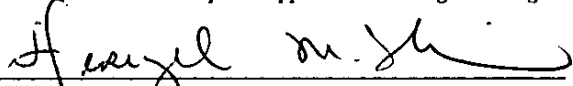
Herezel M. Shim
3987 N.W. 94th Way
Sunrise, Florida 33351

ARTICLE VII INCORPORATOR

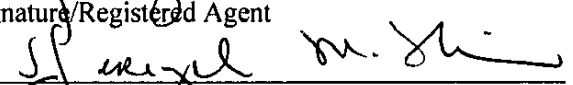
The name and address of the Incorporator is:

Herezel M. Shim
3987 N.W. 94th Way
Sunrise, Florida 33351

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

Date

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA