

P0700000 6835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

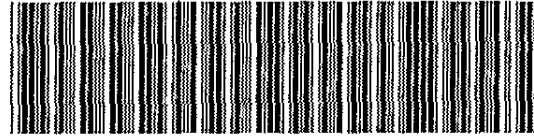
(Business Entity Name)

(Document Number)

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2007 JAN 16 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JAN 17 2007

COVER LETTER

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

SUBJECT: Peek's Partner's, 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: Autumn Peek

Name (Printed or typed)

14543 69th Street North

Address

Loxahatchee, Florida 33470

City, State & Zip

561-798-4703

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Peek's Partner's, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14543 69th Street North
Loxahatchee, Florida 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

Autumn Jean Peek (President)
14543 69th Street North
Loxahatchee, Florida 33470

ARTICLE VI REGISTERED AGENT

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

Autumn Peek
14543 69th Street North
Loxahatchee, Florida 3347

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Autumn Peek
14543 69th Street North
Loxahatchee, Florida 3347

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