

PD7000063708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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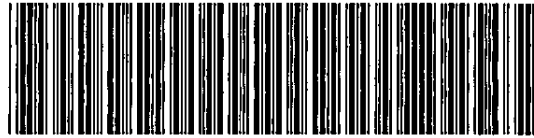
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAY 29 A 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE MAY 31 2007

## COVER LETTER

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

**SUBJECT:** FLORIDA FOAM PROS, 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:** SEDRIC MACK

Name (Printed or typed)

861 KLOSTERMAN ROAD, SUITE 122

Address

TARPON SPRINGS, FL 34689

City, State & Zip

(727) 831-3398

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:

FLORIDA FOAM PROS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

861 KLOSTERMAN ROAD, SUITE 122 TARPON SPRINGS, FL 34689

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000 SHARES (with no par value)

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

SEDRIC MACK 861 KLOSTERMAN ROAD, SUITE 122 TARPON SPRINGS, FL 34689

WILLIAM R. OSBORNE 861 KLOSTERMAN ROAD, SUITE 122 TARPON SPRINGS, FL 34689

### **ARTICLE VI REGISTERED AGENT**

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

SEDRIC MACK 861 KLOSTERMAN ROAD, SUITE 122 TARPON SPRINGS, FL 34689

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SEDRIC MACK 861 KLOSTERMAN ROAD, SUITE 122 TARPON SPRINGS, FL 34689

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*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

5/25/2007  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/25/2007  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA