

P090000063237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

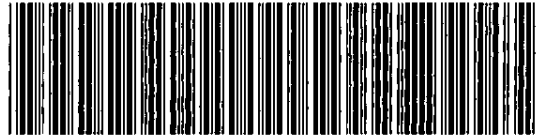
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/09--01026--009 **78.75

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JUL 23 2009

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7-22-09

COVER LETTER

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

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

FROM: Andrea De Palma
Name (Printed or typed)

150 Hilden Rd Suite 316
Address

Ponte Vedra, FL 32081
City, State & Zip

910-795-4890
Daytime Telephone number

andrea@optimumspring.com
E-mail address: (to be used for future annual report notification)

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: Optimum Spring Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal place of business: 150 Hilden Rd Suite 316, Ponte Vedra, FL 32081

Mailing address: 2220 County Road 210 W Suite 108-112, St. Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Spring manufacturing

ARTICLE IV SHARES

The number of shares of stock is:

100,000 of shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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


Andrea De Palma
150 Hilden Rd Suite 316
Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

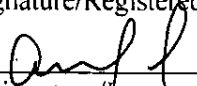
Andrea De Palma
150 Hilden Rd Suite 316
Ponte Vedra, FL 32081

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

07/21/2009

Date


Signature/Incorporator

07/21/2009

Date

Andrea De Palma

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA