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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	Sullivan Ventures, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CC	JI REQUIRED	
FROM:		M. Sullivan e (Printed or typed)		
		emain St. Apt. D4		
		Address		
		Oora, FL 32757		
	City	, State & Zip		
		2-383-7520 Felephone number		
	Daytime	reiephone number		
	E-mail address: (to be use	ed 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:

Sullivan Ventures, Inc.



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

100 S. Tremain St., Apt. D4 Mount Dora, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lillian M. Sullivan: President/ Secretary/ Treasurer

100 S. Tremain St., Apt. D4

Mount Dora, FL 32757

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lillian M. Sullivan

100 S. Tremain St., Apt. D4

Mount Dora, FL 32757

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

ALLARIASSEE FLOSTE

Date Date