

P11000005516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status' _____

Special Instructions to Filing Officer:

Office Use Only



700190749407

01/14/11--01019--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 14 PM 4:23

FILED

AM 11/14/11

FILED

FILED

FILED

FILED

COVER LETTER*

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

SUBJECT: THERTON 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: CATHERINE IMBERT
Name (Printed or typed)

806 HANDY AVENUE
Address

WEST PALM BEACH FL 33401
City, State & Zip

954 362 9898
Daytime Telephone number

THERTONINC@hotmail.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: THERTON INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

806 HANDY AVENUE
WEST PALM BEACH FL 33401

Mailing address, if different is:

THERTON INC
378 NORTHLAKE BLVD SUITE 248
NORTH PALM BEACH FL 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CATHERINE IMBERT DIR.</u>	Name and Title: _____
Address: <u>806 HANDY AVENUE</u>	Address: _____
<u>WEST PALM BEACH FL 33401</u>	_____

Name and Title: <u>BRUNO LAPLAINE DIR.</u>	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

FILED
JAN 14 PM 4:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE VI REGISTERED AGENT

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

Name: CATHERINE IMBERT
Address: 806 HANDY AVENUE
WEST PALM BEACH FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CATHERINE IMBERT
Address: 806 HANDY AVENUE
WEST PALM BEACH FL 33401

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

Catherine Imbert
Required Signature/Registered Agent

01/11/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Catherine Imbert
Required Signature/Incorporator

01/11/11
Date