

P11000055722

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11 JUN 13 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/15/11

COVER LETTER

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

SUBJECT: sabbath 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: timothy w. bicknell

Name (Printed or typed)

5201 treetops drive

Address

naples, fl. 34113

City, State & Zip

(239)-465-1599

Daytime Telephone number

ijstwnahvsmfun@gmail.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

sabbath inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5201 treetops drive
naples, fl 34113

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
various legal entities

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>timothy w. bicknell</u>	Name and Title: _____
Address: <u>5201 treetops drive</u>	Address: _____
<u>naples, fl 34113</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: timothy w. bicknell
Address: 5201 treetops drive
naples, fl 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: timothy w. bicknell
Address: 5201 treetops drive
naples, fl 34113

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

Timothy W. Bicknell
Required Signature/Registered Agent

6/1/11
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.

Timothy W. Bicknell
Required Signature/Incorporator

6/1/11
Date