

P12000029258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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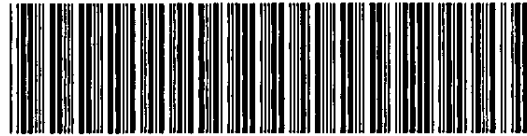
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 27 2012

COVER LETTER

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

SUBJECT: ST-RA 2 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: Bill Mamolou

Name (Printed or typed)

7936 Slate Court

Address

New Port Richey, FL 34654

City, State & Zip

(727) 863-6604

Daytime Telephone number

smamolou@msn.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ST-RA 2 Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
16737 US Highway 19
Hudson FL, 34667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Organization for a New Business Entity

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares(Bill Mamolou 60, Steve Mamolou 20, Joyce Mamolou 20)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bill Mamolou, President
Address: 7936 Slate Ct
New Port Richey FL 33654

Name and Title: _____
Address: _____

Name and Title: Steve Mamolou, VP
Address: 7936 Slate Ct
New Port Richey FL 33654

Name and Title: _____
Address: _____

Name and Title: Joyce Mamolou, VP
Address: 7936 Slate Ct
New Port Richey FL 33654

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Bill Mamolou
Address: 7936 Slate Ct
New Port Richey FL 34654

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Bova
Address: 970 Lake Carillon Pkwy
St Petersburg, FL 33716

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

Bill Mamolou Bill Mamolou

Required Signature/Registered Agent

3/6/2012

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.

Daniel R. Bova DANIEL R. BOVA

Required Signature/Incorporator

3/6/2012

Date

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TALLAHASSEE, FLORIDA