

PR20000000041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

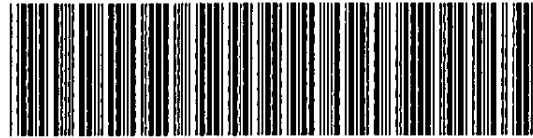
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500237818395

07/31/12--01007--004 **78.75

12 JUL 31 PM 12:56

8/1

8/1

COVER LETTER

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

SUBJECT: Two Stray Cats, 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: David Brian Mathis

Name (Printed or typed)

6 Broadway Ct

Address

Orlando, FL 32803

City, State & Zip

407-403-1659

Daytime Telephone number

moonreader1971@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

The name of the corporation shall be: Two Stray Cats, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6 Broadway Ct
Orlando, FL 32801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all personal and lawful business in the State of Florida including telephone customer service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Brian Mathis, President
Address: 6 Broadway Ct
Orlando, FL 32803

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: David Brian Mathis
Address: 6 Broadway Ct
Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Brian Mathis
Address: 6 Broadway Ct
Orlando, FL 32803

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

David Brian Mathis

Required Signature/Registered Agent

7/25/12
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.

David Brian Mathis

Required Signature/Incorporator

7/25/12
Date

12 JUL 31 PM 12:58