

PR0000083452

(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:

W12-47814

Office Use Only



200239474742

09/14/12--01015--018 **78.75

FILED
12 OCT - 1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Thumper 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: Alon Karpman

Name (Printed or typed)

19900 E. Country Club Dr.

Address

Aventura, FL 33180

City, State & Zip

917-304-2566

Daytime Telephone number

karpman12@mac.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2012

ALON KARPMAN
19900 E. COUNTRY CLUB DR.
AVENTURA, FL 33180

SUBJECT: THUMPER INC.
Ref. Number: W12000047814

We have received your document for THUMPER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 512A00023322

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:

Thumper Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19900 E. Country Club Dr. #402
Aventura, FL 33180

FILED

Mailing address, if different is:

12 OCT 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail sales

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alon Karpman (President) Name and Title: _____
Address: 19900 E. country club dr Address: _____
#402
Aventura, FL 33180

Name and Title: ITAMAR Cohen Name and Title: _____
Address: 19501 W. country club dr Address: _____
Aventura FL 33180

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:

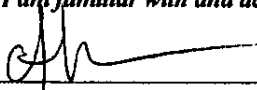
Name: Alon Karpman
Address: 19900 E. Country Club Dr #402
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alon Karpman
Address: 19900 E. Country Club Dr. #402
Aventura FL 33180

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

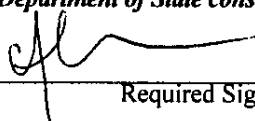


Required Signature/Registered Agent

9/11/12

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.



Required Signature/Incorporator

9/11/12

Date