

P 13000044286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

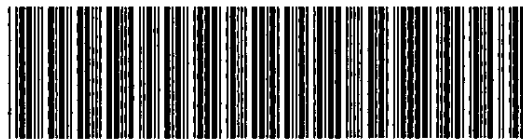
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 17 PM 3:29

5/20/13

## COVER LETTER

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

**SUBJECT: Joseph's Lathe 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM: Joseph Katz**

Name (Printed or typed)

**13742 Callington Dr.**

Address

**Wellington, FL 33414**

City, State & Zip

**561-793-0107**

Daytime Telephone number

**josephkatz@bellsouth.net**

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

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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)

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**ARTICLE I NAME**

The name of the corporation shall be: Joseph's Lathe Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13 MAY 17 PM 3: 29  
Mailing address, if different is:

13742 Callington Dr.

Wellington, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sale of hand made art and crafts

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joseph Katz, Pres.

Name and Title: \_\_\_\_\_

Address 13742 Callington Dr.

Address: \_\_\_\_\_

Wellington, FL 33414

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Joseph Katz  
Address: 13742 Callington Dr.  
Wellington, FL 33414

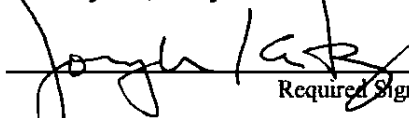
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

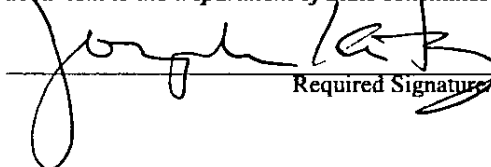
Name: Joseph Katz  
Address: 13742 Callington Dr.  
Wellington, FL 33414

*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

5/14/2013  
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

5/14/2013  
Date