

P130000084096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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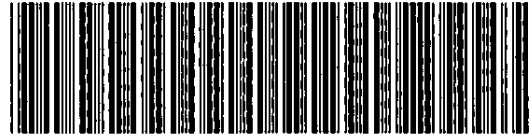
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

10/17
AB

COVER LETTER

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

SUBJECT: Styrocraft Innovations, 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: SAULO M LACERDA

Name (Printed or typed)

9720 OLD PATINA WAY

Address

ORLANDO FL 32832

City, State & Zip

407-300-5080

Daytime Telephone number

slconstructionspec@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: STYROCRAFT INNOVATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

972 OLD PATINA WAY

ORLANDO FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "PROFESSIONAL CORPORATION"

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAULO M LACERDA (PRESIDENT)

Name and Title: _____

Address

9720 OLD PATINA WAY
ORLANDO FL 32832

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: SAULO M LACERDA

Address: 9720 OLD PATINA WAY

ORLANDO FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAULO M LACERDA

Address: 9720 OLD PATINA WAY

ORLANDO FL 32832

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

James Juarez
Required Signature/Registered Agent

10/08/2013
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.

James Juarez
Required Signature/Incorporator

10/08/2013
Date
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