

P13000094026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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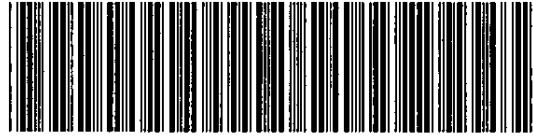
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Sankor, 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: \_\_\_\_\_

*Koren Boucher*

Name (Printed or typed)

*3466 Coral Springs Dr*

Address

*Coral Springs FL 33065*

City, State & Zip

*954-272-8067*

Daytime Telephone number

*Sankor1212@yahoo.com*

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

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

November 14, 2013

To whom it may concern,

I, Koren Boucher president of SanKor, Inc document# PI2000104376 release the name of this corporate to be used in future name use.

Thank you,

A handwritten signature in black ink that reads "Koren Boucher". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Koren Boucher  
President  
SanKor, Inc

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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: San Kor, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3466 Coral Spring Dr  
Coral Springs, FL 33065

Mailing address, if different is:

P.O. Box 101834  
Ft Lauderdale FL 33310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Karen Boucher, President Name and Title: \_\_\_\_\_

Address: 3466 Coral Springs Dr Address: \_\_\_\_\_  
Coral Spring FL 33065

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

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

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

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

(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: Dillette Bean

Address: 5320 NW 11<sup>th</sup> St

Plantation FL 33313

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Koren Boucher

Address: 3466 Coral Springs Dr

Coral Springs FL 33065

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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

Dillette Bean

Required Signature/Registered Agent

11/14/13

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.

Koren Boucher

Required Signature/Incorporator

11.14.13

Date