

PA000003838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

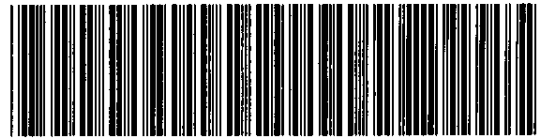
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255008967

RECEIVED
SECRETARY OF STATE
14 JAN 15 PM 1:51

FILED
14 JAN 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 962748 7527475

AUTHORIZATION :

COST LIMIT : *\$478.75*

ORDER DATE : January 15, 2014

ORDER TIME : 11:05 AM

ORDER NO. : 962748-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: MASSAPONAX SE RETAIL, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

14 JAN 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Massaponax SE Retail, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1001 E Telecom Dr

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is formed for the purpose of transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry D. Silver, Director/CEO

Name and Title: B. Judson Honaker, Director/P

Address 1001 E Telecom Dr

Address: 1201 Central Park Blvd

Boca Raton FL 33431

Fredericksburg VA 22401

Name and Title: Jesse A Holshouser, CFO/S/T

Name and Title: _____

Address 1001 E Telecom Dr

Address: _____

Boca Raton FL 33431

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JAN 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

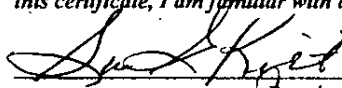
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: Jesse A. Holshouser
Address: 1001 E Telecom Dr
Boca Raton FL 33431

FILED
14 JAN 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

	<u>Sue G. Knight</u>	<u>1-15-14</u>
	Required Signature/Registered Agent Assistant Vice President	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.

	<u>1/14/14</u>
Required Signature/Incorporator	Date