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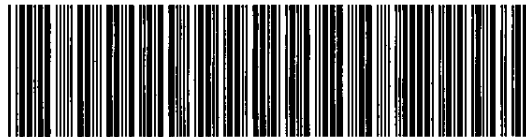
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** PS2 Enterprises 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:** Patricia M. Szymaniak

Name (Printed or typed)

10907 87th Ave

Address

Seminole, FL 33772

City, State & Zip

727-394-1489

Daytime Telephone number

PszymnkAP@verizon.net

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: PS2 Enterprises Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10907 87th Ave

Seminole, FL 33772

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Patricia M. Szymaniak, President

Address: 10907 87th Ave  
Seminole, FL 33772

Name and Title: Peter J. Szymaniak, Vice President

Address: 10907 87th Ave  
Seminole, FL 33772

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
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: Patricia M. Szymaniak  
Address: 10907 87th Ave  
Seminole, FL 33772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia M. Szymaniak  
Address: 10907 87th Ave  
Seminole, FL 33772

*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*

Patricia M. Szymaniak  
Required Signature/Registered Agent

12/24/2014  
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.*

Patricia M. Szymaniak  
Required Signature/Incorporator

12/24/2014  
Date

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TALLAHASSEE, FLORIDA