

P15000004824

(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



400268411854

01/15/15--01011--006 **78.75

APPROVAL
AND
FILED

15 JAN 15 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/15

COVER LETTER

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

SUBJECT: **SYBARITIC 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: **SJ COOPER & ASSOCIATES**

Name (Printed or typed)

3269 STURGEON BAY COURT

Address

NAPLES FLORIDA 34120

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.com

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

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JAN 15 PM 1:36

ARTICLE I NAME

The name of the corporation shall be: SYBARITIC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1503 BELGRADE AVE
ORLANDO, FL 32803

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

C/O 3269 STURGEON BAY COURT
NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A PROFESSIONAL TECHNOLOGY CORPORATION.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAYSON FUHLBRUCK, PRESIDENT

Name and Title: _____

Address: 1503 BELGRADE AVE
ORLANDO, FL 32803

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

(conti.)

15 JAN 15 PM 1:36

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

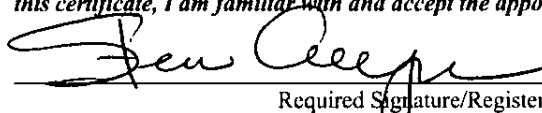
Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

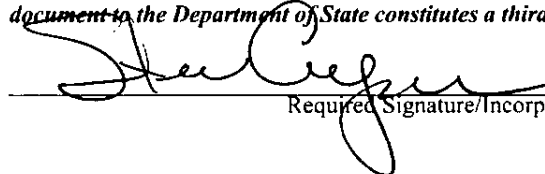
Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD # 366
NAPLES, FL 34104

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

1/3/15
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

1/3/15
Date