

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ROBERT LEE SHAPIRO, P.A.  
Account Number : I19990000101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_ barrettsinger@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Barrett M. Singer Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

AUG 20 2015

S. GILBERT

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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: Barrett M. Singer Company, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address220 Essex LaneWest Palm Beach, FL 33405

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale and leasing of, and financial services related to, equipment and systems, and any and all lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Barrett M. Singer, President

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

Address 220 Essex Lane

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

West Palm Beach, FL 33405

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Robert Lee Shapiro

Address: 2401 PGA Blvd., Suite 272

Palm Beach Gardens, FL 33410

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Robert Lee Shapiro, P.A.

Address: 2401 PGA Blvd., Suite 272

Palm Beach Gardens, FL 33410


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

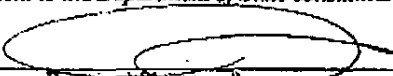
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

	8/18/2015
Required Signature/Registered Agent	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.*

	8/18/2015
Required Signature/Incorporator	Date

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