

P15000074192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

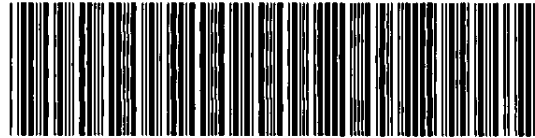
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2015 SEP 11 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 11 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

WAP 9/11/15

## COVER LETTER

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

SUBJECT: Streety's 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: Streety's Inc.  
Name (Printed or typed)  
6706 Chant TR.  
Address  
Tallahassee, FL 32309  
City, State & Zip  
850-251-2535  
Daytime Telephone number  
Ralph@Streety's.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 SEP 11 PM 3:11

FILED  
AND  
RECEIVED

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: Streety's Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
6706 Clint Tr.  
Tallahassee, FL 32309

Mailing address, if different is:

6706 Clint Tr.  
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Local Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph T. Streety Pres/owner Name and Title:

Address 6706 Clint Tr. Address:

Tallahassee FL  
32309

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

19 SEP 11 PM 3:12  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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:

Ralph T. Streety

Address:

6706 Clark TR

Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

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

Name:

Ralph T. Streety

Address:

6706 Clark TR

Tallahassee, FL 32309

15 SEP 11 PM 3:12  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9-11-15 (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

[Signature]

Required Signature/Registered Agent

9-11-15

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.

[Signature]

Required Signature/Incorporator

9-11-15

Date