

P15000096540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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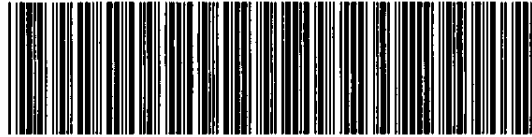
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

15 NOV 24 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: 12 THIRTEEN, 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: CAPOROSSİ & ASSOCIATES

Name (Printed or typed)

1790 NORTH HERMITAGE ROAD

Address

HERMITAGE, PA 16148

City, State & Zip

(724) 962-1005

Daytime Telephone number

dale@caporossiaccounting.com

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

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

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AND
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ARTICLES OF INCORPORATION

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

15 NOV 24 AM 7:56

ARTICLE I NAME

The name of the corporation shall be: 12 THIRTEEN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21593 HALSTEAD DR.

BOCA RATON, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS WITHIN OR WITHOUT THE STATE
OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHERINE A. FEYKO, PRESIDENT

Name and Title: _____

Address 21593 HALSTEAD DRIVE

Address: _____

BOCA RATON, FL 33434

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

15 NOV 24 AM 7:56

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: KATHERINE A. FEYKO
Address: 21593 HALSTEAD DR.
BOCA RATON, FL 33434

ARTICLE VII INCORPORATOR

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

Name: KATHERINE A. FEYKO
Address: 21593 HALSTEAD DR.
BOCA RATON, FL 33434

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



Required Signature/Registered Agent

11/17/2015

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

11/17/2015

Date