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REVISIONS  
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2/01/28/16

## COVER LETTER

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

SUBJECT: Noble Warrior 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: Susan Stepnick

Name (Printed or typed)

439 Dover B

Address

West Palm Beach, FL 33417

City, State & Zip

561-517-3923

Daytime Telephone number

NobleWarriorInc. @gmail.com

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: Noble Warrior, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

439 Dover B

West Palm Beach, FL 33417

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to pursue all lawful activities allowed of a for-profit corporation.

### ARTICLE IV SHARES

The number of shares of stock is: 100,000

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OF  
INCORPORATIONS  
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### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Stepnick, Owner Name and Title: \_\_\_\_\_

Address: 439 Dover B Address: \_\_\_\_\_

West Palm Beach

Florida, 33417

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

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

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

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

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: Daniel Lanes  
Address: 438 Dover B  
West Palm Beach FLA 33417

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REGISTRATION  
DIVISION

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Stepnick  
Address: 439 Dover B  
West Palm Beach, FL 33417

**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*

Daniel Lanes

Required Signature/Registered Agent

1-13-16

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 in s.817.155, F.S.*

Susan Stepnick

Required Signature/Incorporator

1-13-16

Date