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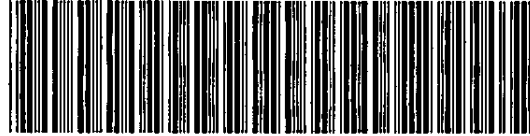
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 19 PM 3:16

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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

Noble Warrior Inc. @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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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: _____

Address: _____

Name and Title: _____

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 Bch FLA 33417

ARTICLE VII INCORPORATOR

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

Name: _____

Susan Stepnick

Address: _____

439 Dover B

West Palm Beach, FL 33417

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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 for in s.817.155, F.S.

Susan Stepnick

Required Signature/Incorporator

1-13-16

Date