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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:	 	 	

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FLORIDA PROFIT/NON PROFIT CORPORATION ANTOINE'S SUPPORT SERVICES INC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$78. 75		

MAY 1 - 2016

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 is:
Antoine's Support Services INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 801 NW RIVERSIDE Dr. Door St.
HORT ST. LUCIE FL 34983
ARTICLE III SHARES: The number of shares of stock is: \
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Antoine Bryant (P)
with the second
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Antoine Bryant
801 NW KIVERSIDE DR
PORT ST LUCIE FL 34983
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Antoine Bryant
861 NW RIVERSIDE Dr.
Port St Lucie FL 34983

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11/30/2093 02:20

Required Signatures:

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 canacity

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.

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