

P16000084486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

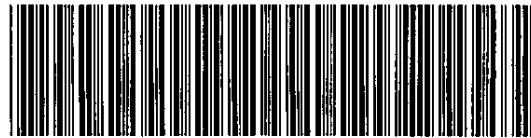
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Certified Copies _____

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10/06/16--01017--026 **70.00

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COVER LETTER

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

SUBJECT: 52 And Co.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Klein
Name (Printed or typed)

5645 Coral Ridge Dr # 229
Address

Coral Springs, FL 33076
City, State & Zip

954-234-0751
Daytime Telephone number

MKlein765@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

MICHAEL KLEIN
5645 CORAL RIDGE DR #229
CORAL SPRINGS, FL 33076

SUBJECT: 52 AND CO.
Ref. Number: W16000069054

We have received your document for 52 AND CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 116A00021667

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: 52 Ant Co. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5645 Coral Ridge Dr #229
Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all
lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Klein - President Name and Title: _____

Address 5645 Coral Ridge Dr #229 Address: _____
Coral Springs, FL 33076

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: Lynn Gearing

Address: 5645 Coral Ridge Dr #229
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

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

Name: Michael Klein

Address: 5645 Coral Ridge Dr #229
Coral Springs, FL 33076

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/3/16 (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

Lynn Gearing

Required Signature/Registered Agent

10/3/16

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.

Michael Klein

Required Signature/Incorporator

10/3/16

Date