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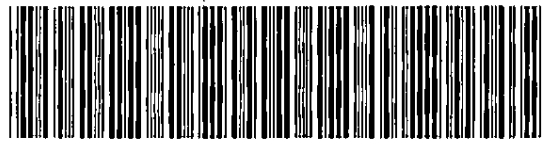
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2018 JAN -8 PM 4:38

RECEIVED  
FLORIDA  
STATE

18 JAN -8 PM 1:51

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 999267 8007217

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 8, 2018

ORDER TIME : 9:50 AM

ORDER NO. : 999267-005

CUSTOMER NO: 8007217

DOMESTIC FILING

NAME: 2 PLUS OF FLORIDA, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** 2 Plus of Florida, 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      ☒ \$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:** Lawrence S. Shipman

Name (Printed or typed)

433 S. Main St., #319

Address

West Hartford, Connecticut 06110

City, State & Zip

860 606-1702

Daytime Telephone number

[larry@shipmanlawct.com](mailto:larry@shipmanlawct.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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**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: 2 Plus of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4824 Innisbrook Ct.

South Elkton, fl 32033

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity for corporations may be organized under the General Corporation Law of Delaware,

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Byron York, Pres. and Director

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

Address 1022 Adele Street

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

Houston, TX 77009

Name and Title: Mark Shipman, Secretary and Director

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

Address 433 S. Main St. #319

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

West Hartford, CT 06110

Name and Title: David Fabricatore, Director

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

Address 2115 Hendrie Drive

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

Canton, MI 48187

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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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence S. Shipman  
Address: 433 S. Main St., #319  
West Hartford, CT 06110

**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 days prior or 90 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*

By: \_\_\_\_\_ Lydia Cohen  
Corporation Service Company Asst. Vice President

1/8/18  
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

1/5/18  
Date