

7/18/2018

Division of Corporations

P1800063635

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

RECEIVED

2018 JUL 23 AM 11:42

DIVISION OF CORPORATIONS
OFFICE OF REVENUE SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
STPeede Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME STPeede Services, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3105 FARGO AVE

3105 FARGO AVE

LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

18 JUL 23 AM 8:52
SECRETARY OF STATE
ALLIANCE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 Common \$ 1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL T PEEDE - DIRECTOR

Name and Title: _____

Address 3105 FARGO AVE

Address: _____

LAKE WORTH, FL 33467

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: SAMUEL T PEEDE
Address: 3105 FARGO AVE
LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL T PEEDE
Address: 3105 FARGO AVE
LAKE WORTH, FL 33467

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

↓ SAMUEL T PEEDE
Required Signature/Registered Agent

07/17/2018
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.

↓ SAMUEL T PEEDE
Required Signature/Incorporator

07/17/2018
Date