

PT000092498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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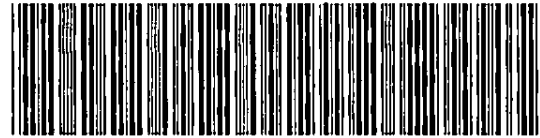
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 13 2018

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
18 NOV -2 AM 6:17  
TALLAHASSEE, FLORIDA

October 29, 2018

Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee FL 32314

**Re: SAINT LOUIS FAM, INC**  
**P16000066902**

To whom it may concern:

Please find enclosed the Articles of Incorporation and check # for processing regarding Saint Louis Fam, Inc. I, Ermo Saint Louis, President of Saint Louis Fam Inc, have no plans to retroactively reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2018.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 561-860-1358.

Sincerely,



Ermo Saint Louis,  
President  
Saint Louis Fam, Inc

## COVER LETTER

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

**SUBJECT:** SAINT LOUIS FAM, 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:** ERNSO SAINT LOUIS

Name (Printed or typed)

2404 KARBA WAY

Address

KISSIMMEE FL 34746

City, State & Zip

561-860-1358

Daytime Telephone number

GIO011504@YAHOO.COM

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
18 NOV -2 AM 6:17  
TALLAHASSEE, FLORIDA

**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**

SAINT LOUIS FAM, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
2404 KARBA WAY	_____
KISSIMMEE FL 34746	_____
_____	_____
_____	_____

**ARTICLE III PURPOSE**

TRUCKING  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	ERNSO SAINT LOUIS, P	Name and Title:	_____
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Address	2404 KARBA WAY	Address:	_____
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KISSIMMEE FL 34746	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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FILED  
STATE OF FLORIDA  
18 NOV -2 AM 6:17  
TALLAHASSEE, FLORIDA

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: ANTHONY G COLEMAN JR

Address: 2151 W HILLSBORO BLVD, STE 206

DEERFIELD BCH FL 33442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERNSO SAINT LOUIS

Address: 2404 KARBA WAY

KISSIMMEE FL 34746

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
18 NOV -2 AM 6:17  
COUNTY OF ST. LUCIE  
TALLAHASSEE, FLORIDA

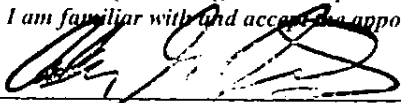
**ARTICLE VIII EFFECTIVE DATE:**

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



Required Signature/Registered Agent

10/30/18  
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.

ErnsO Saint Louis  
Required Signature/Incorporator

10/29/2018  
Date