

P19000050665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

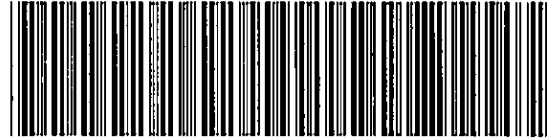
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01030 -017 **87.50

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19 JUN 10 PM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BARRY OLIVER SEPLOW 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: BARRY MANKO

Name (Printed or typed)

2373 NW 49TH LANE

Address

BOCA RATON, FL 33431

City, State & Zip

561-391-1411

Daytime Telephone number

BARRY.MANKO@GMAIL.COM

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

19 JUN 10 PM 03:38
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SECRETARY OF STATE
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 BARRY OLIVER SEPLOW INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2373 NW 49TH LANE

BOCA RATON, FL 33431

ARTICLE III PURPOSE

PROFIT. SALE OF WATCHES

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100 (ONE HUNDRED)

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARRY MANKO - President Name and Title: _____

Address: 2373 NW 49TH LANE Address: _____

BOCA RATON, FL 33431 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
ALLAHASSEE, 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: BARRY MANKO

Address: 2373 NW 49TH LANE

BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

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

Name: BARRY MANKO

Address: 2373 NW 49TH LANE

BOCA RATON, FL 33431

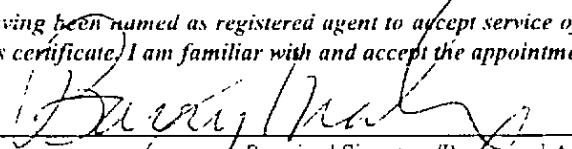
ARTICLE VIII EFFECTIVE DATE: 05-01-2019

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.)

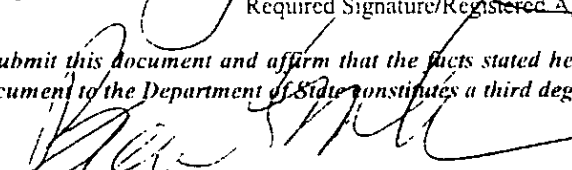
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/3/19
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

6/3/19
Date

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: BARRY MANKO

Address: 2373 NW 49TH LANE

BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: BARRY MANKO

Address: 2373 NW 49TH LANE

BOCA RATON, FL 33431

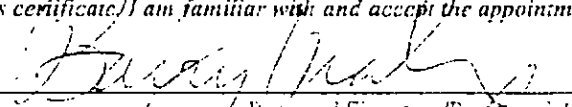
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Required Signature/Incorporator

6/3/19
Date