

P19000080940

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

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2019 OCT 29 PM 4:14  
TALLAHASSEE, FL 32310

OCT 30 2019

Brumpley

## COVER LETTER

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

SUBJECT: SUASI TIME 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: DHSI INC  
Name (Printed or typed)  
5781 Lee Blvd Suite 208 Box 236  
Address  
Lehigh Acres, FL 33971  
City, State & Zip  
239-908-1312  
Daytime Telephone number  
info@suasitime.com  
E-mail address: (to be used for future annual report notification)

**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**

The name of the corporation shall be: SUASI TIME Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7900 Twin Eagle Lane

Fort Myers, FL 33912

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all legal business purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Thomas McGinnis (President)

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

Address 7900 Twin Eagle Lane

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

Fort Myers, FL 33912

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2015 OCT 29 PM 1:44  
TAMPA, FL 33602  
COUNTY CLERK'S OFFICE

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: Thomas McGinnis \_\_\_\_\_

Address: 7900 Twin Eagle Lane \_\_\_\_\_

Fort Myers, FL 33912 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Thomas McGinnis \_\_\_\_\_

Address: 7900 Twin Eagle Lane \_\_\_\_\_

Fort Myers, FL 33912 \_\_\_\_\_


**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.)

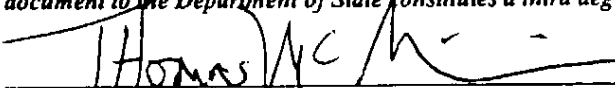
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/25/2019  
\_\_\_\_\_  
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

10/25/2019  
\_\_\_\_\_  
Date