

6/11/2021

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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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Supreme Acquisitions Enterprises 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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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: Supreme Acquisitions Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

441 Northeast 174th Street
North Miami Beach, FL, 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anabelle Supreme, President

Name and Title: Anabelle Supreme, Secretary

Address: 441 Northeast 174th Street
North Miami Beach, FL, 33162

Address: 441 Northeast 174th Street
North Miami Beach, FL, 33162

Name and Title: Anabelle Supreme, CFO/Treasurer

Name and Title: Anabelle Supreme, Chairman

Address: 441 Northeast 174th Street
North Miami Beach, FL, 33162

Address: 441 Northeast 174th Street
North Miami Beach, FL, 33162

Name and Title: Anabelle Supreme, Director

Name and Title: _____

Address: 441 Northeast 174th Street
North Miami Beach, FL, 33162

Address: _____

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To: 18506176381 From: 12147128131 Date: 06/11/21 Time: 12:19 PM Page: 03/03
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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: Anabelle Supreme
Address: 441 Northeast 174th Street
North Miami Beach, FL,33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anabelle Supreme
Address: 441 Northeast 174th Street
North Miami Beach, FL,33162

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

(X) 
Required Signature/Registered Agent

06/08/2021
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.

(X) 
Required Signature/Incorporator

06/08/2021
Date