

P12000103619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900242953149

12/26/12--01035--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 26 AM 10:46

PS 12/27/12

COVER LETTER

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

SUBJECT: e14k, 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: Samantha Tronolone

Name (Printed or typed)

2499 Old Lake Mary Rd Ste 104

Address

Sanford, FL 32771

City, State & Zip

407-619-7642

Daytime Telephone number

samanthat@e14k.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: e14k, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 DEC 26 AM 10:44

ARTICLE II PRINCIPAL OFFICE

Principal street address
2499 Old Lake Mary Rd Ste 104
Sanford, FL 32771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samantha Tronolone, P
Address: 2499 Old Lake Mary Rd Ste 104
Sanford, FL 32771

Name and Title: _____
Address: _____

Name and Title: Dominic Tronolone, VPS
Address: 2499 Old Lake Mary Rd Ste 104
Sanford, FL 32771

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

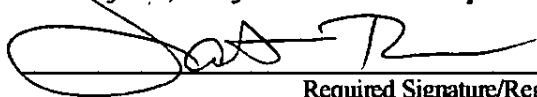
Name: Samantha Tronolone
Address: 2499 Old Lake Mary Rd Ste 104
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samantha Tronolone
Address: 2499 Old Lake Mary Rd Ste 104
Sanford, FL 32771

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

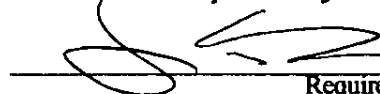


Required Signature/Registered Agent

12/21/12

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

12/21/12

Date