

P 15000028889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

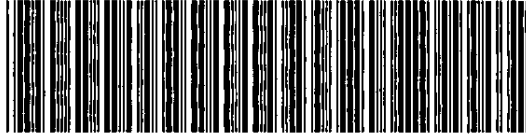
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/30/15

COVER LETTER

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

SUBJECT: F5 Graphics, 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: Jozie Felicella

Name (Printed or typed)

6245 Indian Trail Ranch Rd.

Address

Loxahatchee, Florida 33470

City, State & Zip

561-795-4826

Daytime Telephone number

jozndon@bellsouth.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: F5 Graphics, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address
6245 Indian Trail Ranch Rd.
Loxahatchee, Florida 33470

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: presentation and consulting services

ARTICLE IV SHARES 10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jozie Felicella, President</u>	Name and Title:	_____
Address	<u>6245 Indian Trail Ranch Rd.</u> <u>Loxahatchee, Florida 33470</u>	Address:	_____ _____

Name and Title:	<u>Jozie Felicella, Treasurer</u>	Name and Title:	_____
Address	<u>6245 Indian Trail Ranch Rd.</u> <u>Loxahatchee, Florida 33470</u>	Address:	_____ _____

Name and Title:	<u>Jozie Felicella, Secretary</u>	Name and Title:	_____
Address	<u>6245 Indian Trail Ranch Rd.</u> <u>Loxahatchee, Florida 33470</u>	Address:	_____ _____

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: **Jozie Felicella**
 Address: **6245 Indian Trail Ranch Rd.**
 Loxahatchee, Florida 33470

ARTICLE VII INCORPORATOR

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

Name: **Jozie Felicella**
 Address: **6245 Indian Trail Ranch Rd.**
 Loxahatchee, Florida 33470

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

 Jozie Felicella **3/20/15**
 Required Signature/Registered Agent 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.

 Jozie Felicella **3/20/15**
 Required Signature/Incorporator Date

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