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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

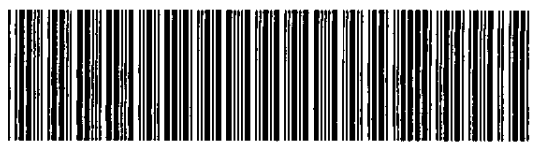
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 15 AM 7:28

APR 15 2011
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4118

COVER LETTER

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

SUBJECT: COUPONGY, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MICHAEL MULLIGAN
Name (Printed or typed)

13810 SUTTON PARK DR. N. #527
Address

JACKSONVILLE FL 32224
City, State & Zip

(904) 445-1837
Daytime Telephone number

COACH MIKE USA @AOL.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: COUPONGY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13810 SUTTON PARK DR. N. #527
JACKSONVILLE, FL 32224

Mailing address, if different is:
14286-19 BEACH BLVD. #307
JACKSONVILLE BEACH, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COUPON ADVERTISING FOR OTHER BUSINESSES, EVENTS, DISCOUNTS.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MULLIGAN, PRESIDENT Name and Title: _____
Address: 13810 SUTTON PARK DR. N. #527 Address: _____
JACKSONVILLE, FL 32224

Name and Title: _____ Name and Title: _____
Address: _____ 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: MICHAEL MULLIGAN
Address: 13810 SUTTON PARK DR. N. #527
JACKSONVILLE, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL MULLIGAN
Address: 13810 SUTTON PARK DR. N. #527
JACKSONVILLE, FL 32224

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
APPROVED AND FILED

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

M. Mulligan Required Signature/Registered Agent 04/13/11 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.

M. Mulligan Required Signature/Incorporator 04/13/11 Date