

P/2000037755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

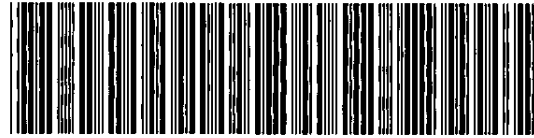
(Business Entity Name)

(Document Number)

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

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04/24/12--01001--005 \*\*87.50

RECEIVED  
12 APR 23 PM 3:17  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 APR 23 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h* 04/23/12

COVER LETTER

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

SUBJECT: ENCORE INK 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 William R. Cotterell  
Name (Printed or typed)  
1027 ALAMEDA DR  
Address  
TALLAHASSEE FL 32317  
City, State & Zip  
(850) 566-4313  
Daytime Telephone number  
billcotterell@gmail.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: ENCORE INK, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1027 ALAMEDA DR  
TALLAHASSEE FL  
32317

Mailing address, if different is:  
(Same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Freelance Journalist

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William R. Cotterell Pres Name and Title: \_\_\_\_\_  
Address: 1027 ALAMEDA DR Address: \_\_\_\_\_  
TALLAHASSEE FL  
32317

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: William R. Cotterell  
Address: 1027 ALAMEDA DR  
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: William R. Cotterell  
Address: 1027 ALAMEDA DR  
TALLAHASSEE FL 32317

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

William R. Cotterell

Required Signature/Registered Agent

4/23/12  
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.

William R. Cotterell

Required Signature/Incorporator

4/23/12  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 23 PM 3:21

FILED