

P13000067889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

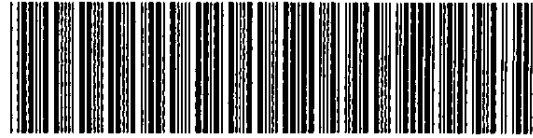
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/14/13--01009--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 14 PM 1:14

VH

COVER LETTER

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

SUBJECT: Ellipse Web Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$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
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ADDITIONAL COPY REQUIRED

FROM: Stacey Jenkins
Name (Printed or typed)

5507 N Suwanee Ave
Address

Tampa, FL 33604
City, State & Zip

813-340-0729
Daytime Telephone number

sjenkinsdc@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) FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Ellipse Web Solutions, Inc.

2018 AUG 14 PM 1:14

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5507 N Suwanee Ave
Tampa, FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide web development consulting services.

ARTICLE IV SHARES 10

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey Jenkins President Name and Title: _____

Address 5507 N Suwanee Ave Address: _____
Tampa, FL 33604

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 AUG 14 PM 1:16

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:

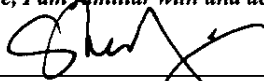
Name: Stacey Jenkins
 Address: 5507 N Suwanee Ave.
Tampa, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacey Jenkins
 Address: 5507 N Suwanee Ave.
Tampa, FL 33604

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

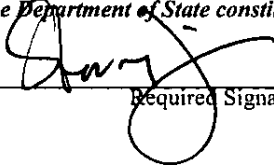


Required Signature/Registered Agent

8/11/2013

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

8/11/2013

Date