

P/6000016717

(Requestor's Name)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

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02/12/16--01011--011 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB 12 P 1:03

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FEB 23 2016  
9102 3 2 834

T. LEMIEUX

**COVER LETTER**

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

PYREX PHOTO STUDIOS, INC

**SUBJECT:** \_\_\_\_\_  
**(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:** \_\_\_\_\_  
Name (Printed or typed)  
2269 S. FEDERAL HWY  
\_\_\_\_\_  
Address  
FT.LAUDERDALE, FL 33316  
\_\_\_\_\_  
City, State & Zip  
954-852-9633  
\_\_\_\_\_  
Daytime Telephone number  
PAULSM@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** PYREX PHOTO STUDIOS, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
2269 S.FEDERAL HWY \_\_\_\_\_  
FT.LAUDERDALE, FL 33316 \_\_\_\_\_

**ARTICLE III PURPOSE** ANY AND ALL LAWFULL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_

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**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	PAUL SAMOYA, PRESIDENT	Name and Title:	_____
Address	2269 S.FEDERAL HWY	Address:	_____
	FT.LAUDERDALE, FL 33316		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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TALLAHASSEE FLORIDA

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RETURNED CHECK

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: PAUL SAMOYA  
2269 S.FEDERAL HWY  
Address: FT.LAUDERDALE, FL 33316

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAUL SAMOYA  
2269 S.FEDERAL HWY  
Address: FT.LAUDERDALE, FL 33316

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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2016 FEB 12 P 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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  
Date 2-9-16

*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  
Date 2-9-16