

PI6000066175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

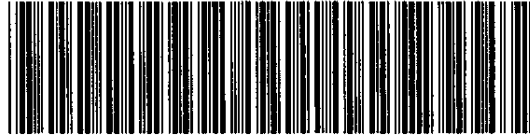
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/01/16--01026--007 **78.75

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16 AUG - 1 AM 9:17

COVER LETTER

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

SUBJECT: _____

Discount Stash 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: _____

Eric Kroungold

Name (Printed or typed)

207 Pine Tree Dr.

Address

Indialant, FL 32903

City, State & Zip

727-415-6706

Daytime Telephone number

Surfcatalyst@yahoo.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: Discount Stash Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

207 Pine Tree Dr
Indiantown, FL 32903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing local businesses
affordable advertising while offering great deals
to consumers.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Caravello CEO Name and Title: _____
Address: 160 Lee Ave Address: _____
Satellite Beach, FL 32937

Name and Title: Eric Krounsold CFO Name and Title: _____
Address: 207 Pine Tree Dr Address: _____
Indiantown, FL 32903

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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:

Address:

Eric Kravitz
207 Pine Tree Dr
Indian Lake, FL 32903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Ryan Ceravullo
160 Lee Ave
Satellite Beach, FL 32937

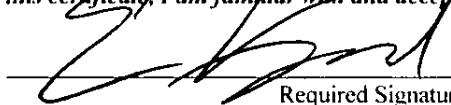
ARTICLE VIII EFFECTIVE DATE:

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.

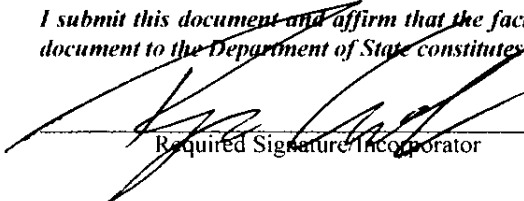
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/29/16
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

7/29/16
Date