

711000099799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

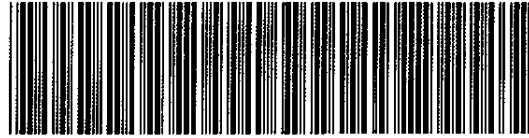
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200213867742

11/07/11--01046--008 \*\*78.75

FILED  
2011 NOV 18 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 21 2011  
W11-56434

**COVER LETTER**

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

**SUBJECT: 3D Sign Factory, 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: VALENTYN KULBAKA**

Name (Printed or typed)

**9745 TOUCHTON RD #3102**

Address

**JACKSONVILLE, FL 32246**

City, State & Zip

**904-345-5400**

Daytime Telephone number

**VALENTYN69@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

RECEIVED

11 NOV 18 AM 8:18

RECEIVED  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 18 PM 12:50

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**      **3D SIGN FACTORY, INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1333 HAINES ST  
JACKSONVILLE, FL 32206  
JACKSONVILLE, FL 32206

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **ONE THOUSAND (1000) AT NO PAR VALUE**

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

Name and Title:	<u>VALENTYN KULBAKA</u>	Name and Title:	_____
Address:	<u>9745 TOUCHTON RD 3102</u>	Address:	_____
	<u>JACKSONVILLE, FL 32246</u>		_____

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: VALENTYN KULBAKA  
Address: 9745 TOUCHTON RD 3102  
JACKSONVILLE, FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VALENTYN KULBAKA  
Address: 9745 TOUCHTON RD 3102  
JACKSONVILLE, FL 32246

**FILED**  
**2011 NOV 18 PM 12:50**  
**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

11/15/11  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11/15/11  
Date