

P15000036960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

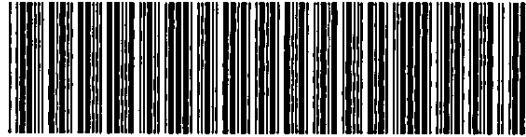
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/15--01011--018 **78.75

FILED
15 APR 24 AM 8:08
TALLAHASSEE, FLORIDA
SOS
STATE OF FLORIDA

WIS-25493

COVER LETTER

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

SUBJECT: Demented Cosplay 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: Shawna Nicole Robles

Name (Printed or typed)

2602 Fairview Avenue

Address

Seffner, Florida, 33584

City, State & Zip

9046356001

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 APR 24 AM 10:31

TALLAHASSEE, FLORIDA

April 13, 2015

SHAWNA NICOLE ROBLES
2602 FAIRVIEW AVE
SEFFNER, FL 33584

SUBJECT: DEMENTED COSPLAY INC
Ref. Number: W15000025493

We have received your document for DEMENTED COSPLAY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 915A00007265

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:

Demented Cosplay Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2602 Fairview Ave, Seffner, Florida, 33584

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Merchandise

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Owner - Shawna Rooks 2602 Fairview Ave, Seffner FL 33584
CEO - Steve Cardo Jr 2602 Fairview Ave, Seffner FL 33584
CFO - Jeanette Walden 1200 Owl Hollow Crt, St. Aug, FL 32092

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Steve Cardo^{JR}, 2602 Fairview Ave, Seffner FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shawna Rooks 2602 Fairview Ave Seffner FL 33584

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

Steve Cardo Jr
Signature/Registered Agent

4/22/15
Date

Shawna Rooks
Signature/Incorporator

4/22/15
Date

FILED
15 APR 24 AM 8:08
SEFFNER FLORIDA
TALLAHASSEE FLORIDA