

PD0000029020

TRANSMITTAL LETTER

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

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-03/16/00--01055--003
*****87.50 *****87.50

SUBJECT: Digital Emporium, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: Sean Loynd
Name (Printed or typed)

P.O. Box 49357
Address

St. Petersburg, FL 33734
City, State & Zip

727-946-3586
Daytime Telephone number

FILED
00 MAR 16 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sean Loynd
AUTHORIZATION BY PHONE TO
CORRECT III + VI
DATE 3/22
DOC. EXAM. Tee

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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:

Digital Emporium, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 49357

St. Petersburg, FL 33734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resale of novelty items

ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Sean Loynd

P.O. Box 49357

St. Petersburg, FL 33734

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Sean Loynd

P.O. Box 49357

St. Petersburg, FL 33734

6880 4th Avenue North, Suite 200, St. Petersburg, FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Sean Loynd

P.O. Box 49357

St. Petersburg, FL 33734

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Signature/Incorporator

3/14/00

Date

3/14/00

Date

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TALLAHASSEE, FLORIDA