

PO10000006289
TRANSMITTAL LETTER

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

SUBJECT: LoPressionism Inc.
(Proposed corporate name - must include suffix)

600003517436--0
-12/29/00--01073--001
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Ellis & Angela St. Amant
Name (printed or typed)

165 Kristi Drive
Address

Indian Harbour Beach, FL 32909
City, State & Zip

(407) 458-5663 or (321) 773-9828
Daytime Telephone number

01 JAN 17 PM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

W1-303
15
JAN 17 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 5, 2001

ELLIS & ANGELA ST. AMANT
165 KRISTI DR
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: LOPRESSIONISM INC.
Ref. Number: W01000000303

We have received your document for LOPRESSIONISM 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of 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) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 001A00000610

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: LoPressionism Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 JAN 17 PM 2:29

FILED

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

165 Kristi Drive
Indian Harbour Beach, FL 32937

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Angela LoPresti St. Amant
165 Kristi Drive
Indian Harbour Beach, FL 32937

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANGELA L. St. Amant
165 Kristi Drive
Indian Harbour Beach, FL 32937

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of January, 19 2001

Angela St. Amant
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LoPressionism Inc.

2. The name and address of the registered agent and office is:

Angela LoPresti St. Amant
(Name)

165 Kristi Drive
(P.O. Box not acceptable)

Indian Harbour Beach, FL 32937
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Angela LoPresti St. Amant
(Signature)

12-18-00
(Date)