

TRANSMITTAL LETTER

P01000114649

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

FILED
01 DEC -4 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Total Copy Center, Inc.

(Proposed corporate name - must include suffix)

9000004704859--1
-12/04/01--01073--009
1225.00 **87.50

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:

Lawrence D. Wright

Name (Printed or typed)

1788 NW 65th St

Address

Miami, FL 33147

City, State & Zip

(305) 836-2054

Daytime Telephone number

RECEIVED
01 DEC -4 PM 3:10
TALLAHASSEE, FLORIDA

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

12/4

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 **Total Copy Center, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **1788 N.W. 65th Street, Miami, FL 33147**

ARTICLE III PURPOSE

Total Copy Center, Inc. shall provide full-service xerographic, copy, printing, and graphic design services.

ARTICLE IV SHARES

The number of shares of stock is: **1,000 Shares**

ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lawrence Wright, 1788 N.W. 65th Street, Miami, FL 33147

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lawrence Wright, 1788 N.W. 65th Street, Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and Florida street address of the registered agent is:

Lawrence Wright, 1788 N.W. 65th Street, Miami, FL 33147

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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TALLAHASSEE, FLORIDA