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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

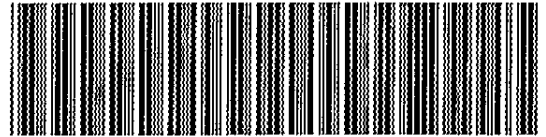
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: CityPrint Technologies Corporation

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Staley
Name (Printed or typed)

48 Pine Valley Circle
Address

Ormond Beach, FL 32174
City, State & Zip

(386) 672-5735
Daytime Telephone number

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

Articles of Incorporation

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

For

CityPrint Technologies Corporation

Article I

The name of the Corporation is: **CityPrint Technologies Corporation**

Article II

The principal place of business of this corporation shall be: **48 Pine Valley Circle, Ormond Beach, FL 32174**

Article III

The Specific Purpose of the Corporation is: **Retail and wholesale solutions of durable and non-durable goods. The corporation shall have the power to purchase, produce and resell solutions.**

Article IV

The number of shares authorized for this corporation is: **1,000,000 shares**

Article V

The name and address of the Directors/Officers of this corporation: **Michael Staley, President, 48 Pine Valley Circle, Ormond Beach, FL 32174**

Article VI

The Registered Agent for the corporation is: **Michael Staley, 48 Pine Valley Circle, Ormond Beach, FL 32174**

Article VII

The incorporator of the corporation is: **Michael Staley, 48 Pine Valley Circle, Ormond Beach, FL 32174**

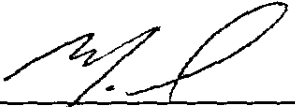
Having been named as registered agent to accept service of process for the above stated corporation at the pace designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF FLORIDA
TALLAHASSEE
03 JAN -8 AM 9:25