

P03000046109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

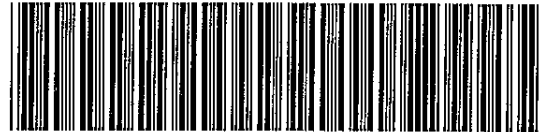
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03 APR 23 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-4/25

TRANSMITTAL LETTER

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

SUBJECT: inktago Plus Incorporated
(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: Cynthia E. GRAHAM
Name (Printed or typed)

3570 S.W. ZULLO STREET
Address

PORT ST. LUCIE, FL 34953
City, State & Zip

772-336-7338 (Cell # 772-359-7338)
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

inktogo Plus Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3570 S.W. ZULLO STREET
PORT ST. LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CYNTHIA E. GRAHAM
3570 S.W. ZULLO STREET
PORT ST. LUCIE, FL 34953

ARTICLE VI REGISTERED AGENT

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

CYNTHIA E. GRAHAM
3570 S.W. ZULLO STREET
PORT ST. LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CYNTHIA E. GRAHAM
3570 S.W. ZULLO ST
PORT ST. LUCIE, FL 34953

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

Cynthia E. Graham
Signature/Registered Agent

Date

Cynthia E. Graham
Signature/Incorporator

Date

CYNTHIA E. GRAHAM