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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/25

TRANSMITTAL LETTER

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

SUBJECT: inktoo 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.

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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:

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