

P03000049011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

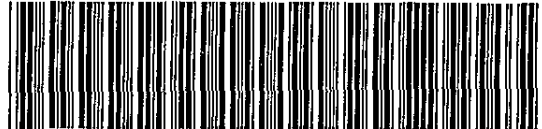
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W03-11230

Office Use Only



400015659574

04/16/03--01043--011 **78.75

2003 MAR -2 AM 8 51

FILED

5-5-03
AB

TRANSMITTAL LETTER

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

SUBJECT: Mezimize 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Justin Flaminio
Name (Printed or typed)

P.O. Box 620266
Address

Oviedo, FL 32762-0266
City, State & Zip

407 497-2121
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 18, 2003

JUSTIN FLAMILY
PO BOX 620266
OVIEDO, FL 32762-0266

SUBJECT: MEZMORIZE INCORPORATED
Ref. Number: W03000011230

We have received your document for MEZMORIZE INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please complete Article(s) VII.

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 503A00023517

RECEIVED
03 MAY -2 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Mezmorize Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 620266
Oviedo, FL 32762-0266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Justin Flamily

ARTICLE VI REGISTERED AGENT

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

Justin Flamily
P.O. Box 620266 Oviedo, FL 32762-0266
Justin Flamily
1652 Slash Pine
Oviedo, FL 3276

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Justin Flamily
Same 1652 Slash Pine
Oviedo, FL 32765

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

4/6/03

Date



Signature/Incorporator

4/6/03

Date

FILED
2003 MAY -2 AM 8:51
STATE OF FLORIDA