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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

9-3-03

## TRANSMITTAL LETTER

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

SUBJECT: Refrakted, Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee  
& Designation of  
Registered Agent

☐ \$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: Refrakted, Inc.  
Name (Printed or typed)

P.O. Box 7807  
Address

St. Petersburg, FL 33734-7807  
City, State & Zip

(727) 215-5948  
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)  
of  
Refrakted, Inc.

**ARTICLE I – NAME**

The name of the corporation shall be:

Refrakted, Inc.

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business/mailing address is:

P.O. Box 7807  
St. Petersburg, FL 33734-7807

**ARTICLE III – PURPOSE**

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

**ARTICLE IV - SHARES OF STOCK**

The number of shares of stock is:

100 Shares @ \$1 par value

**ARTICLE VI – INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es):

Darryl Claps, President  
P.O. Box 7807  
St. Petersburg, FL 33734-7807

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ARTICLE VII – REGISTERED AGENT

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

Stephen Simone, CPA  
Stephen Simone, P.A.  
6439 Central Avenue  
St. Petersburg, FL 33710-8411

ARTICLE VIII – INCORPORATOR

The name and address of the Incorporator is:

Darryl Claps  
P.O. Box 7807  
St. Petersburg, FL 33743-7807

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of August, 2003.

  
\_\_\_\_\_  
Name

22 AUG 03  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

Refrakted, Inc.

2. The name and address of the registered agent and office is:

Stephen Simone, CPA  
Stephen Simone, P.A.  
6439 Central Avenue  
St. Petersburg, FL 33711/8411

Having been named as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature: \_\_\_\_\_



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