

PO 4000003627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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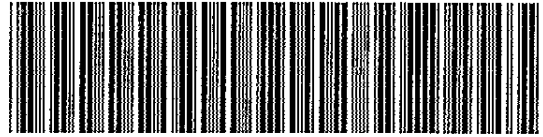
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-7-04
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TRANSMITTAL LETTER

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

RECEIVED

03 DEC 18 AM 9:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Liquorman, Inc.

(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: Mark L. Liquorman

Name (Printed or typed)

PO Box 944

Address

Crystal Beach, FL 34681

City, State & Zip

(727) 787-3426

Daytime Telephone number

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

003-39002



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 23, 2003

MARK L. LIQUORMAN
P.O. BOX 944
CRYSTAL BEACH, FL 34681

SUBJECT: LIQUORMAN, INC.
Ref. Number: W03000039002

We have received your document for LIQUORMAN, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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 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) 245-6924.

Stacy Prather
Document Specialist Supervisor
New Filings Section

Letter Number: 803A00068370

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:
Liquorman, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
Liquorman, Inc.
PO Box 944
Crystal Beach, FL 34681

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to engage in the business of computer software development and all related enterprises for profit.

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

Mark L. Liquorman
314 Ontario Ave.
PO Box 944
Crystal Beach, FL 34681

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark L. Liquorman
PO Box 944
Crystal Beach, FL 34681

Article VII EFFECTIVE DATE: Jan. 1, 2004

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

Mark L. Liquorman
Signature/Registered Agent

12/17/03
Date

Mark L. Liquorman
Signature/Incorporator

12/17/03
Date

STATE OF Florida
COUNTY OF Pinellas
Minnie Hills



Carissa Parks
My Commission DD129984
Expires June 30, 2006