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TRANSMITTAL LETTER

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

SUBJECT: Cartridge Savers of Florida, inc. (Proposed corporate name - must include suffix)							
Enclosed is an	original	l and one(1) copy of the article	s of incorporation and a c	check for :			
☐ \$70 Filing l	.00	\$78.75 Filing Fee & Certificate of Status	\$4\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Ramon Rujes Name (Printed) rtyped)							
5035 Palmave							
		Haleah f	-(33012 State & Zip				

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of formin	g a corporation under the Florida Business	Corporation Act, hereby adopts the
following Articles of Incorporation.		•

ARTIC	LE I	NAM	<u>1E</u>
CENT	0.41		

The name of the corporation shall be:

CARTRIDGE SAVERS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

5009 SE 4TH ST OCALA, FL 34471

<u>ARTICLE III</u> SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

EDUARDO DAMASIO 5009 SE 4TH ST OCALA, FL 34471

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT:

EDUARDO DAMASIO

5009 SE 4TH ST OCALA, FL 34471

8/09/04

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

8/09/04

Date