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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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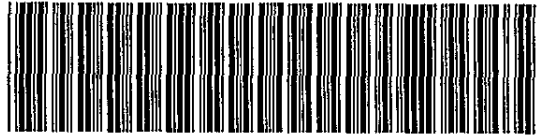
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/11/18

TRANSMITTAL LETTER

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

SUBJECT: Todds Photography 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 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: Stephen Todd Curry
Name (Printed or typed)

14 Oakwood Road
Address

Winter Haven, FL 33820
City, State & Zip

863-860-5440
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)

ARTICLE I NAME

The name of the corporation shall be:

Todd's Photography Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14 Oakwood Road
Winter Haven, FL 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Photography

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen Todd Curry, Pres.
Sean Travis Curry, V.P.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stephen Todd Curry 14 Oakwood Rd.
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen Todd Curry 14 Oakwood Rd
Winter Haven, FL 33880

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA