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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

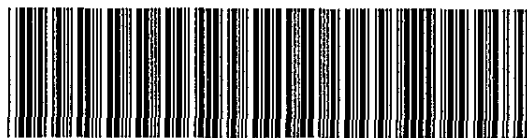
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/05--01017--003 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 PM 1:59

TRANSMITTAL LETTER

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

SUBJECT: Stimulate Marketing, 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: Lynsley Alfredia Robinson
Name (Printed or typed)

7040 Oakmore Lane
Address

Orlando, FL 32818
City, State & Zip

(407) 925-5623
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:

Stimulate Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7040 Oakmore Lane
Orlando, Fl. 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide marketing services such as creative development, event coordination and promotional name branding

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lynsley Alfredia Robinson
Founder
4799 North Pine Hills Road Apt #104
Orlando, Fl 32808

ARTICLE VI REGISTERED AGENT

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

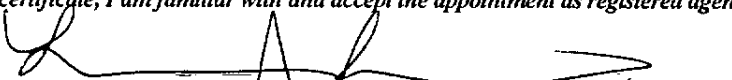
Lynsley Alfredia Robinson
4799 North Pine Hills Road Apt. #104
Orlando, Fl. 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynsley Alfredia Robinson
4799 North Pine Hills Road Apt. #104
Orlando, Fl. 32808


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

3/10/05

Date



Signature/Incorporator

3/10/05

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 PM 1:59