

P05000073423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

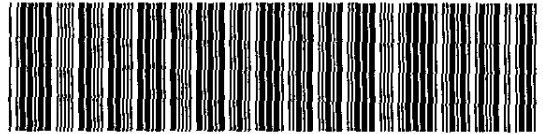
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05 MAY 18 PM 2:29  
MAY 18 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** The Florida Printing Group 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:** Phillip Lomenzo

Name (Printed or typed)

4975 NW 5th Terrace

Address

Boca Raton, Florida 33431

City, State & Zip

(954) 956 - 8570

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:

The Florida Printing Group Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4975 NW 5th Terrace  
Boca Raton, Florida 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Printing Broker

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President Phillip Lomenzo 4975 NW 5th Terrace Boca Raton, Florida 33431

**ARTICLE VI REGISTERED AGENT**

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

Phillip Lomenzo 4975 NW 5th Terrace Boca Raton, Florida 33431

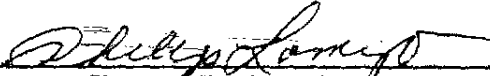
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

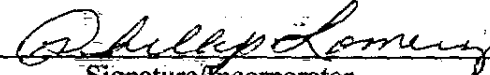
Phillip Lomenzo 4975 NW 5th Terrace Boca Raton, Florida 33431

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*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  
PHILLIP LOMENZO

5/14/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator  
PHILLIP LOMENZO

5/14/05  
\_\_\_\_\_  
Date

FILED  
05 MAY 18 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA