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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers AUG 22 2005

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Fingerprints, 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: \_\_\_\_\_

Eric Aumann

Name (Printed or typed)

5701 NE 16 Ave.

Address

Ft. Lauderdale, FL 33334

City, State & Zip

954-492-0590

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**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: Fingerprints, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 5701 NE 16 Ave.  
Ft. Lauderdale, FL 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
For profit corporation engaged in the activities  
of advertising, marketing, and printing/copying.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares

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

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

Eric Aumann, President & Secretary  
Matthew D. Rowe, Vice President & Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Matthew D. Rowe  
1731 NE 59 Ct.  
Ft. Lauderdale, FL 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Eric Aumann  
5701 NE 16 Ave.  
Ft. Lauderdale, FL 33334

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TALLAHASSEE, FL 0610

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*Having been named as registered agent to accept service of process for the above stuted 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*

Matthew D. Rowe

Signature/Registered Agent

8/20/05

Date

[Signature]

Signature/Incorporator

8/20/05

Date