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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Pock-It Pro, 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:** JAMES MITCHELL

Name (Printed or typed)

6507 DULCE REAL AVENUE

Address

FT. PIERCE, FL. 34951

City, State & Zip

772.461.9552

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:

POCK-IT PRO, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6507 DULCE REAL AVENUE  
FORT PIERCE, FLORIDA 34951

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DISTRIBUTE RETAIL ELECTRONIC MERCHANDISE  
TO DISTRIBUTE ELECTRONIC MERCHANDISE ON A RETAIL BASIS

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES MITCHELL, 6507 DULCE REAL AVENUE, FORT PIERCE, FLORIDA 34951 PRESIDENT  
ARCHIE VOSGANIAN, PO BOX 5631, FRESNO, CA 93755 VICE PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JAMES MITCHELL, 6507 DULCE REAL AVENUE FORT PIERCE, FLORIDA 34951

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

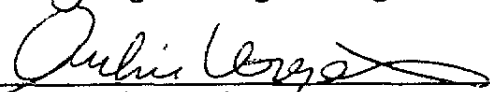
JAMES MITCHELL 6507 DULCE REAL AVENUE FORT PIERCE, FLORIDA 34951

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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

2-15-06  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-26-05  
Date

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TALLAHASSEE, FLORIDA