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| (Requestor's Name) | | | | |
|---|----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |

Office Use Only



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COVER LETTER

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

| SUBJECT: | Pulp Gal | levey, Inc | |
|----------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLU</u> | IDE SUFFIX) |
| Enclosed are an orig | rinal and one (1) copy of the art | icles of incorporation and | a check for: |
| S70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | TARA OB Name 725 Glenri | (Printed or typed) | |
| | - | , Staté & Zip | 33405 |
| | 501 SYO | 4617 Felephone 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: Pulp Gallery | nc. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 725 Glenridge De West Palm 1 | Seach, FL 33405 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Art Gallery and Studio | |
| ARTICLE IV SHARES The number of shares of stock is: 99 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | 06 HAY 30 SECRETAR TALLAHASS |
| List name(s), address(es) and specific title(s): | A THE COLUMN |
| Tara OBRIEN - Director | ARY 1555 |
| Kevin ObciEN - Director | PHI2: |
| Jason Ackerman - Director | PH 12: 20 SEE FLORID |
| ARTICLE VI REGISTERED AGENT | DE O |
| The name and Florida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| Tara Obrien 725 GIENRIDEE DEIVE | |
| WEST PALM BEACH, PL 33405 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Kevin Obrien 125 Genridge, Dr | |
| Kevin Obeien 725 Genridge Dr. West Palm Beach, FL 33405 | |
| ************************************** | ******* |
| Having been named as registered agent to accept service of process for the above state certificate, Lam familiar with and accept the appointment as registered agent and agree | to act in this capacity |
| | 5.22.06 Date |
| Signature/Registered Agent | Date |
| W. RD | 052206 |
| Signature/Incorporator | Date |