

060006117404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

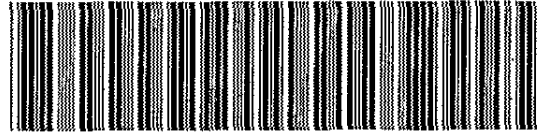
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: REPTIDE PRODUCTIONS, 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: COREY FOGARTY / BENJAMIN MARTIN
Name (Printed or typed)

11609 WOODLAWN BEACH ROAD
Address

GULF BREEZE FL 32563
City, State & Zip

850-324-0316
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:

PEPTIDE PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1609 WOODLAWN BEACH ROAD, GULF BREEZE, FL
32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

COREY M. FOGARTY
2190 RIVER BIRCH RD.
GULF BREEZE, FL 32563

BENJAMIN S. MARTIN
1609 WOODLAWN BEACH RD.
GULF BREEZE, FL 32563

ARTICLE VI REGISTERED AGENT

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

FLYNN GALLAGHER
6924 SEA CRAB CIRCL
NAVARRE, FL 32566

ARTICLE VII INCORPORATOR

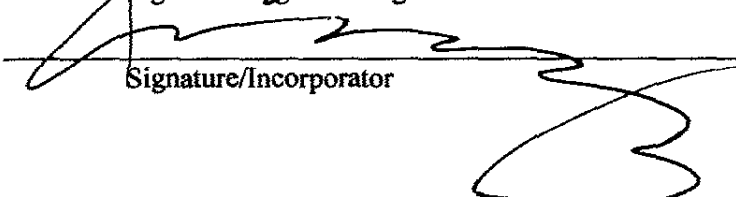
The name and address of the Incorporator is:

COREY FOGARTY
2190 RIVER BIRCH RD
GULF BREEZE, FL 32563

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



Signature/Incorporator

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Date
9/1/06

Date