

POW000 154341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

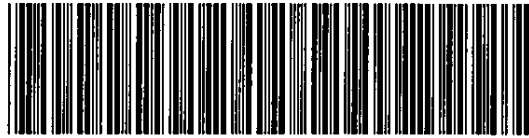
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Caelestis Printing, 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: John Neipert

Name (Printed or typed)

210 16th Avenue, Unit 2

Address

Indian Rocks Beach, Florida 33785

City, State & Zip

(904) 813-0850 or (727) 439-6241

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:

Caelestis Printing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2101 Sunnydale Boulevard, Suite DD
Clearwater, Florida 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

general business activities

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):

John Neipert (President)
210 16th Avenue, Unit 2, Indian Rocks Beach, Florida 33785

ARTICLE VI REGISTERED AGENT

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


John Neipert
210 16th Avenue, Unit 2, Indian Rocks Beach, Florida 33785

ARTICLE VII INCORPORATOR

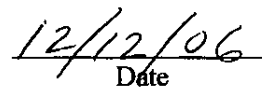
The name and address of the Incorporator is:

John Neipert
210 16th Avenue, Unit 2, Indian Rocks Beach, Florida 33785

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



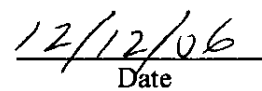
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA