

P07000109508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

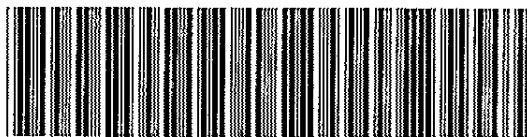
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/07--01018--004 **78.75

2007 OCT -4 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: Certified Graphics, 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 Monphisir
Name (Printed or typed)

401 Linton Blvd, Ste 204
Address

Delray Beach, FL 33444
City, State & Zip

561-503-8617
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2007

JOHN MONPHISIR
401 LINTON BLVD
STE 204
DELRAY BCH, FL 33444

SUBJECT: CERTIFIED GRAPHICS, INC.
Ref. Number: W07000045819

We have received your document for CERTIFIED GRAPHICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 107A00054680

RECEIVED
07 OCT -4 -AM 10:51
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Certified Graphics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

401 Linton Blvd, Ste. 204
Delray Bch, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

2 partners entering a small business agreement
to provide printing services

ARTICLE IV SHARES

The number of shares of stock in:

6000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Monplaisir, ~~Owner~~ President Renal Roberty - ~~Co Owner~~ President
3541 Harlowe Ave 8011 Southgate Blvd, # L1
Boynton Beach, FL 33436 Miami, FL 33068

ARTICLE VI REGISTERED AGENT

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

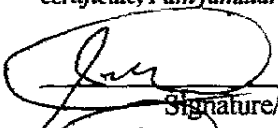
John Monplaisir
3541 Harlowe Ave
Boynton Bch, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Monplaisir
3541 Harlowe Ave
Boynton Beach, FL 33436

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

October 2, 2007

Date



Signature/Incorporator

Sept. 11, 2007

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA