

PD7888134716

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/26

COVER LETTER

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

SUBJECT: TO THE LIMIT CUSTOM 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: DONNA S. SPIVEY

Name (Printed or typed)

4201 RECKER HIWAY

Address

WINTER HAVEN, FL. 33880

City, State & Zip

863-299-9000

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:

TO THE LIMIT CUSTOM GRAPHICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4213 RECKER HIWAY

WINTER HAVEN, FL. 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT - CUSTOM GRAPHICS & VINYL DESIGN

ARTICLE IV SHARES

The number of shares of stock is:

6000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CATINA L. SKIPPER - PRES

1529 OLD COMBEE RD

LAKELAND, FLA. 33805

DONNA S. SPIVEY - Sec / TREAS.

4201 RECKER HIWAY

WINTER HAVEN, FLA. 33880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

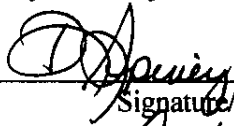
DONNA S. SPIVEY
4201 RECKER HIWAY
WINTER HAVEN, FLA. 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CATINA L. SKIPPER
1529 OLD COMBEE RD.
LAKELAND, FLA 33805

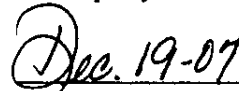
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



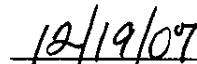
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA