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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2008 APR -7 PM 4: 25

FILED

T. Burch APR 7 2008

**COVER LETTER**

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

**SUBJECT:** EIGHT PENNIES ARCADE, 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:** Susan Smock  
Name (Printed or typed)

10500 SE Jupiter Narrows Dr  
Address

Hobe Sound, FL 33455  
City, State & Zip

772-285-4800  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2008

SUSAN SMOCK  
10500 SE JUPITER NARROWS DR  
HOBE SOUND, FL 33455

SUBJECT: EIGHT PENNIES ARCADE, INC.  
Ref. Number: W08000016234

We have received your document for EIGHT PENNIES ARCADE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00018589

**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:

Eight Pennies Arcade, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principle street address and mailing address, if different is:

10500 SE Jupiter Narrows Dr  
Hobe Sound, FL 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**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):

Susan Smock 10500 SE Jupiter Narrows Dr Hobe Sound FL 33455 President/Director

**ARTICLE VI REGISTERED AGENT**

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

Susan Smock 10500 SE Jupiter Narrows Dr Hobe Sound FL 33455

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Susan Smock 10500 SE Jupiter Narrows Dr Hobe Sound FL 33455

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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

*Susan Smock*

Signature/Registered Agent SUSAN SMOCK

*3/25/08*

Date

*Susan Smock*

Signature/Incorporator SUSAN SMOCK

*3/25/08*

Date

FILED  
2008 APR - 7 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA