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COVER LETTER

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

SUBJECT: IN Y	OUR FACE ADZ INC.	ATE NAME – MUST INCI	TIME CHECKY
	(FROFOSED CORFOR	ate name – <u>most inc</u> i	CODE SUFFIA
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Rob Roche		
	1702 W . University Ave.	e (Printed or typed) Address	
	Gainesville , Fl 32603	y, State & Zip	
	(352) 359-4762 Daytime	Telephone number	
	Duyinne	p	

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2009 APR 30 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

IN YOUR FACE ADZ INC.

ARTICLE II PRINCIPAL OFFICE

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

1702 W. University Ave. Gainesville, Fl 32603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advertising

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): Rob Roche, President 8431 Sw 11th Rd Gainesville, Fl 32607

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Rob Roche 8431 SW 11th Rd Gainesville, Fl 32607

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Rob Roche 8431 Sw 11th Rd Gainesville, Fl 32607

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 /

1. 28/08

Jate