

PO8000046908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

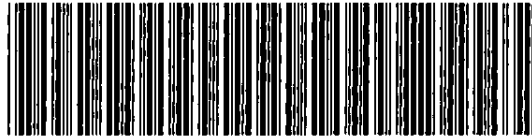
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900128495029

05/09/08--01016--015 \*\*78.75

FILED

08 MAY - 9 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18

## COVER LETTER

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

**SUBJECT:** Small Dogma Publishing, 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:** Matthew Porricelli

Name (Printed or typed)

PO BOX 91023

Address

Lakeland, FL 33804

City, State & Zip

863-838-7251

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:

Small Dogma Publishing, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

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

1718 Grey Fox Drive  
Lakeland, FL 33810

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Publishing

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1000 (One Thousand)

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Matthew Porricelli, President

### **ARTICLE VI      REGISTERED AGENT**

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

Matthew Porricelli  
1718 Grey Fox Drive  
Lakeland, FL 33810

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Matthew Porricelli  
1718 Grey Fox Drive  
Lakeland, FL 33810

\*\*\*\*\*

*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

\_\_\_\_\_  
4/30/2008

\_\_\_\_\_  
Date

\_\_\_\_\_  
4/30/2008

\_\_\_\_\_  
Date

FILED  
08 MAY -9 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA