

PO80009102472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

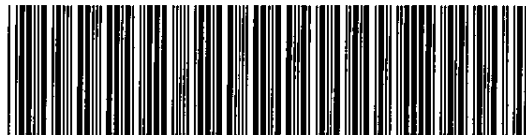
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten signature]

COVER LETTER

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

SUBJECT: Cutting Edge Engraving 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: Jeremy Marshall Moening
Name (Printed or typed)

201 South West 18TH Avenue
Address

Fort Lauderdale, Florida
City, State & Zip

954 410 8016
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

Cutting Edge Engravers Inc.

ARTICLE II PRINCIPAL OFFICE

201 South West 18th Avenue
Fort Lauderdale, Florida 33312

ARTICLE III PURPOSE

For profit

ARTICLE IV SHARES

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Jeremy Moening President/Sole Owner
201 South West 18th Avenue
Fort Lauderdale, Florida 33312

ARTICLE VI REGISTERED AGENT

Margaret Bryant
201 South West 18th Avenue
Fort Lauderdale, Florida 33312

ARTICLE VII INCORPORATOR

Jeremy Moening
201 South West 18th Avenue
Fort Lauderdale, Florida 33312

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA