## 

		<u> </u>
(Requestor's Name)		
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	· •#)
•	,	,
PICK-UP	WAIT	MAIL
(Business Entity Name)		
	-	
(Do	cument Number)	
(D0	cument Number,	
Certified Copies	_ Certificates	of Status. <u></u>
Special Instructions to	Filing Officer:	
Special metadatoric to 1 mily office.		

Office Use Only



700160356887

09/08/09--01011--014\_\_\*\*78.75

9 SEP -8 AHII: 38 ECRETARY OF STATE LLAHASSEE FLORIDA

MRG/9

## **COVER LETTER**

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

SUBJECT: FAC	Tony DiRect	-TRANSM.	155ious. Inc		
SUBJECT: FACTORY DIRECT TRANSMISSIONS. 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM: MASZ Name (Printed of typed)					
12181 Windermene Crossing Oinche					
WINTER GALLEN E1 34787 City, State & Zip					
Daytime Telephone number					
E-mail address: (to be used for future annual report notification)					

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	09 SEP -8 AM 11: 38			
ARTICLE I NAME	og our state			
The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE FLORIDA			
FALTORY DIRECT TRANSMI	SSIONS INC			
ARTICLE II PRINCIPAL OFFICE				
The principal street address and mailing address, if different is:				
1203 E. AlTAMONE DRIKE				
ARTICLE III PURPOSE   Florida 3270/ The purpose for which the corporation is organized is:				
•				
FOR PROFIT				
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):				
JOHN A MASZIN DRES	dest			
SOHN A MASZY PRES HUlly A MASZY Seem				
•	MARY			
ARTICLE VI REGISTERED AGENT				
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the	le registered agent is:			
JOHN R MASZY				
12181 WINDERMERE C ARTICLE VII INCORPORATOR GARDEN, FI	ROSSINA CIACLE			
WINTER GARden, CI	71.7			
	37/87			
The <u>name and address</u> of the Incorporator is:				
JOHN 12 MINSZY				
12181 WINDONNOM	2 Chossing Cinche			
Soth R MASZY 12181 WINDERMONE WINTERGANCION, F	······································			
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				
	9-1-00			
Signature/Registered Agent	9-/-09 Date			
- Jan 12 / m 9-1-09				
Signature/Incorporator	Date			
/				

ARTICLES OF INCORPORATION

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

FILED