

PO9000085852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

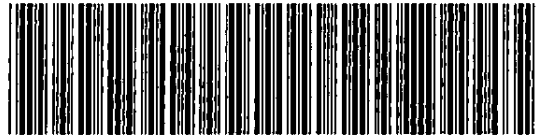
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Schneider GAVE
AUTHORIZATION BY PHONE TO
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DATE 10/19/09
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10/15/09--01024--023 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 PM 5:00

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: IPEN•CIL, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL P. SCHNEIDER, LLC
Name (Printed or typed)

PO BOX 810904
Address

BOCA RATON, FL 33481-0904
City, State & Zip

561.705.3478
Daytime Telephone number

mschneider@ipen-cil.com
E-mail address: (to be used for future annual report notification)

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)

APPROVED
AND
FILED

09 OCT 15 PM 5:00

ARTICLE I NAME

The name of the corporation shall be:

IPEN-CIL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

Street Address: 102 NE 2ND STREET, SUITE 179, BOCA RATON, FL 33432

Mailing Address: PO BOX 810904, BOCA RATON, FL 33481-0904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DESIGN, MANUFACTURING AND SALES OF WRITING INSTRUMENTS AND ACCESSORIES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL P. SCHNEIDER - P,VP,S,T

ARTICLE VI REGISTERED AGENT

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

MICHAEL P. SCHNEIDER, LLC., 102 NE 2ND STREET, SUITE 179, BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael P. Schneider, PO BOX 810904, BOCA RATON, FL 33481-0904

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
Michael P. Schneider, LLC

October 12, 2009

Date

Signature/Incorporator
Michael P. Schneider

October 12, 2009

Date