

P09000097975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

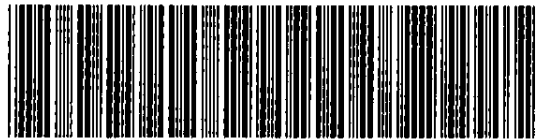
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2009 DEC -3 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch DEC 4 2009

COVER LETTER

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

SUBJECT: Death Corp.
(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: CC Gabrielli: Current
Name (Printed or typed)

2865 Cessna Way
Address

Wellington, FL 33414
City, State & Zip

561-795-9030
Daytime Telephone number

currentcover@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

Death Corp.

ARTICLE II PRINCIPAL OFFICE

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

2865 Cessna Way
Wellington FL, 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CC G Current President
2865 Cessna Way
Wellington FL, 33414

ARTICLE VI REGISTERED AGENT

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

CC G. Current
2865 Cessna Way
Wellington FL, 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CC G. Current
2865 Cessna Way
Wellington FL, 33414

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

11/13/09

Date

11/13/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -3 PM 4:30

FILED