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(Re	equestor's Name)	•		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number))		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
:	,			
	Office Use On			



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SECRETARY OF STATE DIVISION OF CURPORATIONS

COVER LETTER

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

BITS,INC)		
(PROPOSED CORPOR	ATE NAMË – <u>MUST INCL</u>	UDE SUFFIX)
and one (1) copy of the art	icles of incorporation and	a check for:
_		
• • • • • • •	\$78.75	□ \$87.50
iling Fee	Filing Fee	Filing Fee,
: Certificate of Status	& Certified Copy	Certified Copy
•		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
oxe		
Namo	e (Printed or typed)	
•	Address	
t, Fl. 34711		
City,	State & Zip	
	· · · · · · · · · · · · · · · · · · ·	
Daytime T	elephone number	
	and one (1) copy of the art 1 \$78.75 illing Fee Certificate of Status oxe Name stview Drive 7, Fl. 34711 City,	ADDITIONAL CO Name (Printed or typed) Stview Drive Address Address

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

E-mail address: (to be used for future annual report notification)

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:

2015 EXHIBITS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 310 Crestview Drive

Clermont, FI 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a resource company for Exhibit industry resources

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):

Alfred Coxe

CEO/PRES

ARTICLE VI REGISTERED AGENT

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

Alfred Coxe

310 Crestview Drive

Clermont, Fl. 34711

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Alfred Coxe

310 Crestview Drive

Clermont, Fl. 34711

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

1/2 /

Signature/Registered Agent ALIREO COXE

Signature/Incorporator

Arener cox

10 MAR 18 AMII:

SECRETARY OF STATE