

P100000058389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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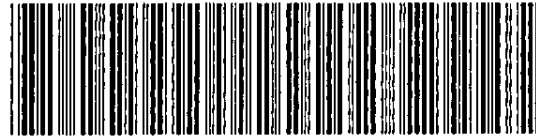
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 19 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10 JUL 19 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature or mark

COVER LETTER

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

SUBJECT: Pro Pix Photography, 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: Karen Grant
Name (Printed or typed)

1285 Smoke Rise Lane
Address

Tallahassee, FL 32317
City, State & Zip

850-559-1705
Daytime Telephone number

Karen@bonedryrestoration.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)

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ARTICLE I NAME

The name of the corporation shall be:

Pro Pix Photography
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1285 Smoke Rise Lane
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

photography

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karen Grant
1285 Smoke Rise Lane
Tallahassee, FL 32317
President

ARTICLE VI REGISTERED AGENT

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

Karen Grant
1285 Smoke Rise Lane
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen Grant
1285 Smoke Rise Lane
Tallahassee, FL 32317

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

Karen Grant

Signature/Registered Agent

Karen Grant

Signature/Incorporator

07/19/2010

Date

07/19/2010

Date