

P10000091637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

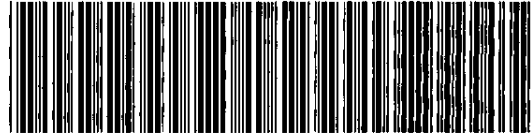
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900187360189

11/04/10--01043--015 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV -4 PM 3:32

APPROVED  
AND  
FILED

141

## COVER LETTER

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

SUBJECT: Remember Me By 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: Suzanne H. Clark

Name (Printed or typed)

450-106 State Road 13 North, #163

Address

St. Johns, FL 32259

City, State & Zip

(904) 710-8194

Daytime Telephone number

SuzanneClarkLaw@aol.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

Remember Me By Photography, Inc.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
450-106 State Road 13 North, #163  
St. Johns, FL 32259

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the laws of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: one (1)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne H. Clark, President  
Address: 450-106 State Road 13 North, #163  
St. Johns, FL 32259

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Suzanne H. Clark  
Address: 450-106 State Road 13 North, #163  
St. Johns, FL 32259

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanne H. Clark  
Address: 450-106 State Road 13 North, #163  
St. Johns, FL 32259

APPROVED  
FILED  
10 NOV -4 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suzanne H. Clark

Required Signature/Registered Agent

November 2, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Suzanne H. Clark

Required Signature/Incorporator

November 2, 2010

Date