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(Requestor's Name)

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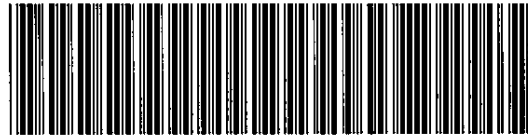
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 DEC -2 AM 10:21
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2010

COVER LETTER

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

SUBJECT: **DRYNX, 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: **Stephen Marc Slep**

Name (Printed or typed)

502 North Adams Street

Address

Tallahassee, Florida 32301

City, State & Zip

850-222-6020

Daytime Telephone number

slepin@maddoxhorne.com

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

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

DRYNX, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
502 North Adams Street
Tallahassee, FL 32301
- Temporarily -

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The sale and distribution of refreshments.

ARTICLE IV SHARES

The number of shares of stock is **One Thousand (1,000)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monte O. Griffin, Resident and
Address: Treasurer
502 N. Adams Street
Tallahassee, FL 32301 (temporarily)

Name and Title: Nicole A. Griffin, Vice President and
Address: Secretary
502 N. Adams Street
Tallahassee, FL 32301 (temporarily)

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: Stephen Marc Slep
Address: 502 North Adams Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephen M. Slep
Address: 502 North Adams Street
Tallahassee, FL 32301

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

Required Signature/Registered Agent

11-30-2010
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.

Required Signature/Incorporator

11-30-2010
Date

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