

P10000103358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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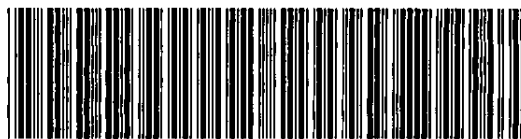
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 23 PM 1:29

gr 12/27/10

COVER LETTER

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

SUBJECT: Flagship Recognition 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: Charles Armprister

Name (Printed or typed)

2020 West McNab Road, Suite 108

Address

Ft. Lauderdale, Florida 33309

City, State & Zip

(754) 224-7812 / (800) 281-7359

Daytime Telephone number

caflagship7812@aol.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

The name of the corporation shall be: **Flagship Recognition Inc.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2020 West McNab Road, Suite 108
Ft. Lauderdale, Florida 33309
(800) 281-7359

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide custom Corporate Awards and Recognition programs to Businesses and organizations who recognize their Employees for years of: service, attendance, performance and safety incentives.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Steve Marotta, President</u>	Name and Title: _____
Address: <u>689 Daffodil Drive</u>	Address: _____
<u>West Palm Beach, Florida 33414</u>	_____

Name and Title: <u>Charles Armpriester, Vice President</u>	Name and Title: _____
Address: <u>1040 Cedar Falls Drive</u>	Address: _____
<u>Weston, Florida 33327</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Charles Armpriester
Address: 1040 Cedar Falls Drive
Weston, Florida 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles Armpriester
Address: 1040 Cedar Falls Drive
Weston, Florida 33327

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

Charles Armpriester
Required Signature/Registered Agent

12/21/10
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.

Charles Armpriester
Required Signature/Incorporator

12/21/10
Date