

P110000004191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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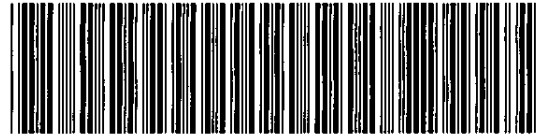
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/11--01019--007 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 10 AM 7:30

APPROVED
FILED

COVER LETTER

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

SUBJECT: IMAGES BY COLLEEN, INCORPORATED

(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: **COLLEEN ANN PERGAMALIS**

Name (Printed or typed)

452 BARBRI LANE

Address

DAVIE, FL 33325

City, State & Zip

954-817-1886

Daytime Telephone number

colleen@imagesbycolleen.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)

APPROVED
AND
FILED

ARTICLE I NAME
The name of the corporation shall be: Images by Colleen, Incorporated

11 JAN 10 AM 7:30

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different from principal office address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

452 Barbri Lane
Davie, FL 33325

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
All legal business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Colleen Ann Pergamalis/President	Name and Title: _____
Address: 452 Barbri Lane	Address: _____
Davie, FL 33325	_____
_____	_____

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

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: Colleen Ann Pergamalis
Address: 452 Barbri Lane
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Colleen Ann Pergamalis
Address: 452 Barbri Lane
Davie, FL 33325

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

Colleen Pergamalis
Required Signature/Registered Agent

January 5, 2011
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.

Colleen Pergamalis
Required Signature/Incorporator

January 5, 2011
Date