

P11000024454

(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 _____

Special Instructions to Filing Officer:

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J. Shivers MAR 14 2011

W11-6186
2553

COVER LETTER

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

SUBJECT: PRINTING AND GRAPHICS 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: Manuel Del Castillo
Name (Printed or typed)

189 Lakeview Dr #203
Address

Weston, FL 33326
City, State & Zip

954-802-2548
Daytime Telephone number

Delcastillomj@yahoo.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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FL
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME **Printing Contractors USA INC.**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
189 Lakeview dr #203
Weston FL, 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Marketing

ARTICLE IV SHARES

The number of shares of stock is: **100 @ \$1.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuel Del Castillo/ President
Address: 189 Lakeview Dr #203
Weston FL, 33326

Name and Title: _____
Address: _____

Name and Title: Maria Elizabeth Escudero/ VP
Address: 189 Lakeview dr #203
Weston FL, 33326

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:

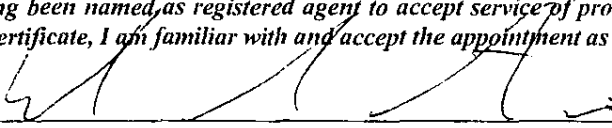
Name: Manuel Del Castillo
Address: 189 Lakeview Dr #203
Weston FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manuel Del Castillo
Address: 189 Lakeview Dr #203
Weston FL, 33326

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

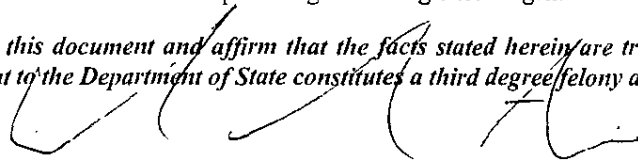


Required Signature/Registered Agent

03/01/2011

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.



Required Signature/Incorporator

03/01/2011

Date

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