

P110000039667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Runnin' Hot Graphics & 3D 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:** Matthew C Phelps

Name (Printed or typed)

25112 Albia Ave

Address

Sorrento, FL 32776

City, State & Zip

(352) 321-8798

Daytime Telephone number

phelps.mcp@gmail.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**

The name of the corporation shall be: **Runnin' Hot Graphics & 3D Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**25112 Albia Ave**  
**Sorrento, FL 32776**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To perform graphic and 3D related business under specific protections associated with a corporation and to do so in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Matthew C Phelps (Officer & Director)**  
Address: **25112 Albia Ave**  
**Sorrento, FL 32776**

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

Name and Title: **Autry L Smith (Officer & Director)**  
Address: **25112 Albia Ave**  
**Sorrento, FL 32776**

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: **Matthew C Phelps**  
Address: **25112 Albia Ave**  
**Sorrento, FL 32776**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Autry L Smith**  
Address: **25112 Albia Ave**  
**Sorrento, FL 32776**

*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

**4/16/2011**  
\_\_\_\_\_  
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

**4/16/2011**  
\_\_\_\_\_  
Date