## P11 DDDDD43604

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Inanimate Reason, Inc	•		_	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<del>-</del>	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:		
Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPV REQUIRED		
FROM: William Shaw	(Deinted on top of)			
Name .	(Printed or typed)			
PO Box 3351				
Address				
Apollo Beach, FL 335	512		21	
City,	State & Zip	FŠ		
813-249-5522			2011 HAY -L	
Daytime To	elephone number	<u>+ : 1                                  </u>	*	
toppsoft@gmail.com	I for fighter and and		P T	
E-mail address: (to be used	i for future annual report i	nonneation) 🖘 🕏	ে ড	

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 II	PRINCIPAL OFFICE			
-	Principal street address		address, if different is:	
	6657 Clair Shore Dr	PO Box 3351		
	Apollo Beach, FL 33572		Apollo Beach, FL 33572	
ARTICLE III				
	which the corporation is organized is:			
Provide serv	ices, education, and products to	o technology, hobby robot	ics and R/C customers.	
ARTICLE IV				
The number of sha	res of stock is:1,000			
	INITIAL OFFICERS AND/OR DIR			
Address:	itle:William Shaw 6657 Clair Shore Dr	Name and Title:		
Addiess.	Apollo Beach, FL 33572			
N				
Address:	itle:	Name and Title: Address:		
Name and T	itle:			
Address:		Address:		
	REGISTERED AGENT			
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acce) Discount Registered Agent		¥× 20	
Address:	493 Boundary Blvd			
	Rotonda West, FL 33947		A B. T	
ARTICLE VII	INCORPORATOR		£ 1	
	dress of the Incorporator is:		M -	
Name:	William Shaw		<b>E E</b>	
Address:	6657 Clair Shore Dr Apollo Beach, FL 33572		<b>ૄ</b> ૾૾ૢૺ ∵ ૽	
	•		<u></u> Θ	
	ed as registered agent to accept service of m familiar with and accept the appointme			
Grasso	E Mitchell		May 1, 2011	
Required Signature/Registered Agent		gent	Date	
	ument and affirm that the facts stated he epartment of State constitutes a third degi			
/	91			
//WE	25h		May 1, 2011	
$\nu$	Required Signature/Incorporat	or	Date	