

P11000070823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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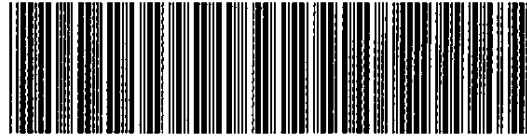
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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J 8/8/11

COVER LETTER

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

SUBJECT: Studio Circle Square, 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: Alexis Dold
Name (Printed or typed)
108 SW 6th St
Address
Gainesville, FL 32601
City, State & Zip
352 377 0111
Daytime Telephone number
alexisdold@mac.com
E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: Studio Circle Square, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
108 SW 6th St
Gainesville, FL
32601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to design, manufacture, and sell beautiful and functional furniture.
to design, manufacture, sell, maintain, and repair bicycles.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexis Dold, president
Address: 1927 NE 7th St
Gainesville, FL 32609

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Alexis Dold
Address: 1927 NE 7th St
Gainesville, FL 32609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Dold
Address: 1927 NE 7th St
Gainesville, FL 32609

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

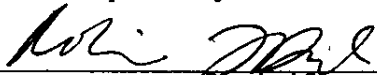


Required Signature/Registered Agent

7/29/11

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

7/29/11

Date