

P 11000 078721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

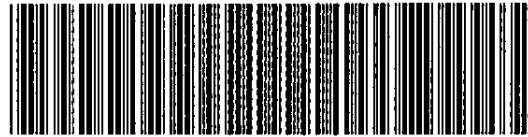
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32301
STATE OF FLORIDA
CLERK OF THE COURT

J. Shivers SEP 07 2011

COVER LETTER

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

SUBJECT: Bullz i Targeted Publications, 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: Michele Scherger

Name (Printed or typed)

1121 SW Zane Street

Address

Port St. Lucie Fl. 34953

City, State & Zip

561-309-2950

Daytime Telephone number

Michele. L. Scherger@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED
SEP - 6 AM 11:11
TALLAHASSEE FL 32314
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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: **Bullz i Targeted Publications, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5976 20th St. #258
Vero Beach, Fl. 32966

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele Scherger, President
Address: 1121 SW Zane Street
Port St. Lucie Fl. 34953

Name and Title: _____
Address: _____

Name and Title: Donald Hirsch, Vice President
Address: 7449 Lahana Cir
Boynton Beach, Fl. 33437

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: Michele Scherger
Address: 1121 SW Zane Street
Port St. Lucie Fl. 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald Hirsch
Address: 7449 Lahana Cir
Boynton Beach, Fl. 33437

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

Michele Scherger

Required Signature/Registered Agent

9.1.11

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.

Donald Hirsch

Required Signature/Incorporator

9-1-11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA