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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Burch SEP 19 2011

## COVER LETTER

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

SUBJECT: Blind Eye Studioz, 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: Demetri Skopos

Name (Printed or typed)

128 Celebration Boulevard

Address

Celebration, Florida 34747

City, State & Zip

330-760-3436

Daytime Telephone number

dskopos@yahoo.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:

**Blind Eye Studioz, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

128 Celebration Boulevard  
Celebration, Florida 34747

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Education.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**10,000**

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

Name and Title: Demetri Skopos

Address: 128 Celebration Boulevard  
Celebration, Florida 34747

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

Address: \_\_\_\_\_

Name and Title: Allen Miura

Address: 16755 Munn Road  
Chagrin Falls, Ohio 44023

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

Address: \_\_\_\_\_

Name and Title: Thomas Gilmer

Address: CPO #406  
317 East College Avenue  
Greenville, Illinois 62246

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: Demetri Skopos

Address: 128 Celebration Boulevard  
Celebration, Florida 34747

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Demetri Skopos

Address: 128 Celebration Boulevard  
Celebration, Florida 34747

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

Demetri Skopos

Required Signature/Registered Agent

9-13-2011

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.

Demetri Skopos

Required Signature/Incorporator

9-13-2011

Date

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