

P11000085771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

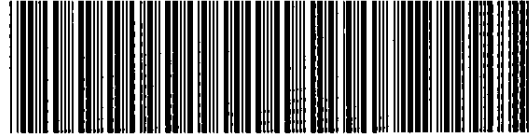
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 SEP 22 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
7-811 W11000036340

## COVER LETTER

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

SUBJECT: **PIK'EM T-SHIRTS, 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: **ANTHONI L. MORRIS**

Name (Printed or typed)

**2971 PIONEER STREET**

Address

**KISSIMMEE, FL. 34744**

City, State & Zip

**(407)864-2628**

Daytime Telephone number

**pikemcreations@aol.com**

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

11 SEP 22 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2011

ANTHONI L. MORRIS  
2971 PIONEER STREET  
KISSIMMEE, FL 34744

*Pik'em T-shirts, INC.*  
SUBJECT: ~~PIK'EM CREATIONS, INC.~~  
Ref. Number: W11000036340

RECEIVED  
11 SEP 22 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pik'em T-shirts, INC.*  
We have received your document for ~~PIK'EM CREATIONS, INC.~~ and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00016358

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Pik'em T-shirts, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2971 Pioneer Street  
Kissimmee, Florida 34744

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

T-shirt printing business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Anthoni L. Morris (Owner/President)  
Address: 2971 Pioneer Street  
Kissimmee, Florida 34744

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

Name and Title: Consuelo D. Morris (Vice President)  
Address: 2971 Pioneer Street  
Kissimmee, Florida 34744

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:

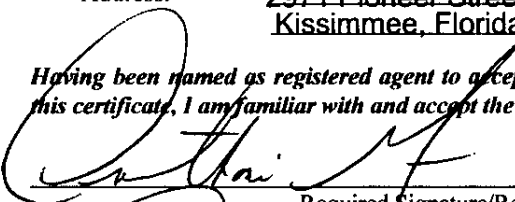
Name: Anthoni L. Morris (Owner/President)  
Address: 2971 Pioneer Street  
Kissimmee, Florida 34744

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

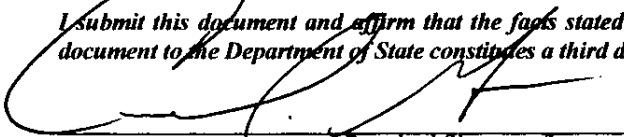
Name: Consuelo D. Morris  
Address: 2971 Pioneer Street  
Kissimmee, Florida 34744

*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

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

9-13-2011  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA