

711000099799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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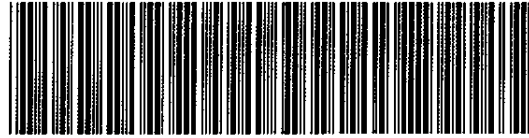
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 21 2011
W11-56434

COVER LETTER

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

SUBJECT: 3D Sign Factory, 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: VALENTYN KULBAKA

Name (Printed or typed)

9745 TOUCHTON RD #3102

Address

JACKSONVILLE, FL 32246

City, State & Zip

904-345-5400

Daytime Telephone number

VALENTYN69@GMAIL.COM

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

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

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11 NOV 18 AM 8:18

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME **3D SIGN FACTORY, INC**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1333 HAINES ST
JACKSONVILLE, FL 32206
JACKSONVILLE, FL 32206

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: **ONE THOUSAND (1000) AT NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>VALENTYN KULBAKA</u>	Name and Title:	_____
Address:	<u>9745 TOUCHTON RD 3102</u>	Address:	_____
	<u>JACKSONVILLE, FL 32246</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VALENTYN KULBAKA
Address: 9745 TOUCHTON RD 3102
JACKSONVILLE, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALENTYN KULBAKA
Address: 9745 TOUCHTON RD 3102
JACKSONVILLE, FL 32246

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TALLAHASSEE, FLORIDA

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

11/15/11
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

11/15/11
Date