

P12000005334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

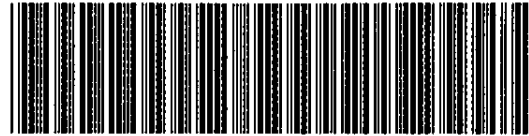
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/17/12

## COVER LETTER

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

SUBJECT: **EURIPIDES CORPORATION**

(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: **EURIPIDES EFTHIMIOU, C/O PRIJATEL & ASSOCIATES**  
Name (Printed or typed)

**34950 CHARDON ROAD, SUITE 100**  
Address

**WILLOUGHBY HILLS, OHIO 44094**  
City, State & Zip

**440-946-2727**  
Daytime Telephone number

**LOKICKI@PRIJATEL.ORG**  
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** EURIPIDES CORPORATION

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1515 PERIMETER ROAD  
WEST PALM BEACH, FL 33406

Mailing address, if different is:  
C/O PRIJATEL & ASSOCIATES  
34950 CHARDON ROAD, SUITE 100  
WILLOUGHBY HILLS, OHIO 44094

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY COMMERCIAL ACTIVITY LEGAL WITHIN THE STATE OF FLORIDA AND THE USA.**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: EURIPIDES EFTHIMIOU, PRESIDENT  
Address: 1515 PERIMETER ROAD  
WEST PALM BEACH, FL 33406

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: EURIPIDES EFTHIMIOU  
Address: 1515 PERIMETER ROAD  
WEST PALM BEACH, FL 33406

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

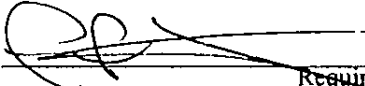
Name: EURIPIDES EFTHIMIOU  
Address: 1515 PERIMETER ROAD  
WEST PALM BEACH, FL 33406

*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

1-2-2012  
\_\_\_\_\_  
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

1-2-2012  
\_\_\_\_\_  
Date

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12 JAN 13 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA