

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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12 JAN 17 AM 11: 29

SECRETARY OF STATE OR CORPORALIONS

PS 1/18/12

COVER LETTER

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

SUBJECT: Come and Get It, INC.	•
(PROPOSED CORPOR. Enclosed are an original and one (1) copy of the ar	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
\$70.00 \$78.75 Filing Fee & Certificate of Status 1123	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: <u>James Fantasia</u> Nam 4000 NW 3rd Way	e (Printed or typed)
Pompano Beach, FL 3:	Address 3064 , State & Zip
954-829-2957 Daytime	Telephone number
ComeandgetitInc@aol.c	ed for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME Come and Get It, INC.	FILED SECRETARY OF STATE DIVISION OF CORPORATION
ARTICLE II	PRINCIPAL OFFICE Principal street address 4000 NW 3rd Way Pompano Beach, FL 33064	Mailing address, if different is:
	PURPOSE r which the corporation is organized is: a business in the State of Florida.	
ARTICLE IV The number of s	SHARES thares of stock is:1000	
Name and Address:		Name and Title: Address:
Name and Address:		Name and Title:Address:
Name and Address:	Title:	Name and Title:Address:
	REGISTERED AGENT	
The <u>name and I</u> Name: Address:	James Fantasia 4000 NW 3rd Way Pompano Beach, FL 33064	÷ -
	INCORPORATOR Indexis of the Incorporator is: James Fantasia 4000 NW 3rd Way Pompano Beach, FL 33064	
Having been na this certificate, I	amed as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
I submit this do	Required Signature/Registered Agent	Date true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree felon	as provided for in s.817.155, F.S.
	Required Signature/Incorporator	/· 13· \Q Date