

P12000007365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

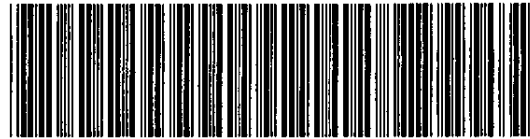
(Document Number)

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

Special Instructions to Filing Officer:

*Seth Manning* ~~NAME~~  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *1/23/12*  
DOC. # *MRD*

Office Use Only



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12 JAN 20 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MRD*  
*1/23/12*

## COVER LETTER

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

SUBJECT: Trust Buzzy, 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: Seth Manning  
Name (Printed or typed)  
17949 Lake Carlton Dr  
Address  
Lutz, FL 33558  
City, State & Zip  
872-222-9272  
Daytime Telephone number  
accounts@trustbuzzy.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Trust Buzzy, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
17949 Lake Carlton Dr  
Lutz FL 33558

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Search Engine Optimization, Web design, Social media Marketing  
Web & Social media maintenance services, E-commerce services,  
Video, Audio, photography services

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: Seth Manning COO  
Address: 17949 Lake Carlton Dr  
Lutz FL 33558

Name and Title: Alexander Valen CEO  
Address: 5609 Kingfish Dr  
Lutz FL 33558

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: Seth Manning  
Address: 17949 Lake Carlton Dr  
Lutz FL 33558

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alexander Valen  
Address: 5609 Kingfish Apt D  
Lutz FL 33558

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

Seth Manning

Required Signature/Registered Agent

1-17-12

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.

Alexander Valen

Required Signature/Incorporator

1-17-12

Date

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