

P12000026752

(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:

Office Use Only



200219357452

01/27/12--01008--001 **70.00

FILED
12 MAR 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Autographics of Central Florida, 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: Brett Wood Name (Printed or typed)
5121 Se 18th Street Address
Ocala, FL 34480 City, State & Zip
3522167045 Daytime Telephone number
Brett@ocalaautographics.com / E-mail address: (to be used for future annual report notification)

FILED
12 MAR 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2012

BRETT WOOD
5121 SE 18TH STREET
OCALA, FL 34480

SUBJECT: AUTOGRAPHICS OF CENTRAL FLORIDA, INC.
Ref. Number: W12000005570

We have received your document for AUTOGRAPHICS OF CENTRAL FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 212A00002952

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

ARTICLE I NAME Autographics Of Central Florida, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 5121 Se 18th Street
Ocala, Fl
34480
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any lawful business activity

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Brett Wood, President</u>	Name and Title: _____
Address: <u>5121 Se 18th Street</u>	Address: _____
<u>Ocala, Fl</u>	_____
<u>34480</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

FILED
12 MAR 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

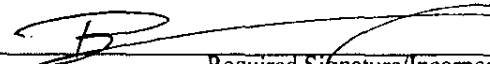
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: 5121 Se 18th Street
Address: Ocala, Fl Brett Wood
34480

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: 5121 Se 18th Street Brett Wood
Address: Ocala, Fl
34480

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

 1-26-2012
Required Signature/Registered Agent 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.

 1-26-2012
Required Signature/Incorporator Date