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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
3/26/12

## COVER LETTER

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

SUBJECT: Supergrafix, 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: Patricia B. Armijo  
Name (Printed or typed)

7203 Pine Park Dr. W  
Address

Lake Worth, FL 33467  
City, State & Zip

561 702-8028  
Daytime Telephone number

Sales @ Supergrafix.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)

**ARTICLE I NAME**

The name of the corporation shall be: Supergrafix, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7203 Pine Park Dr. W  
Lake Worth, FL 33467

Mailing address, if different is:

Supergrafix, Inc.  
2889 NW 24th Terrace  
Boca Raton, FL 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provides graphical recreations of custom art  
work using available technologies.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Patricia B. Armijo, President  
Address: 7203 Pine Park Dr. W  
Lake Worth, FL 33467

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

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

Name: Patricia B. Armijo  
Address: 7203 Pine Park Dr. W.  
Lake Worth, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia B. Armijo  
Address: 7203 Pine Park Dr. W  
Lake Worth, FL 33467

*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*

Patricia B. Armijo  
Required Signature/Registered Agent

3/20/12  
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.*

Patricia B. Armijo  
Required Signature/Incorporator

3/20/12  
Date

**FILED**  
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TALLAHASSEE, FLORIDA