

P12000030783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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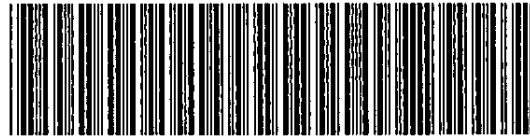
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers MAR 30 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Hybris, 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: Nicholas D Koutoulas

Name (Printed or typed)

4046 NW 89th Way

Address

Cooper City, FL 33024

City, State & Zip

954-682-0276

Daytime Telephone number

nick.koutoulas@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **Hybris, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4046 NW 89th Way
Cooper City, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage or transact any or all lawful activities or business permitted under the laws of the United States of America, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000 shares of common stock having \$0.01 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Nicholas D Koutoulas, Director**
Address: **4046 NW 89th Way**
Cooper City, FL 33024

Name and Title: **Jacob Schwartz, Director**
Address: **27 Ingalls Rd**
Tyngsboro, MA 01879

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: **Gregory J Koutoulas, CPA**
Address: **1776 N Pine Island Rd #316**
Plantation, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Nicholas D Koutoulas**
Address: **4046 NW 89th Way**
Cooper City, FL 33024

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

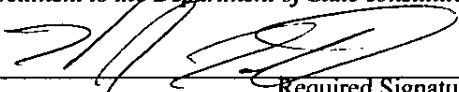


Required Signature/Registered Agent

03/25/12

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.



Required Signature/Incorporator

03/25/12

Date

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