

P12000052382

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

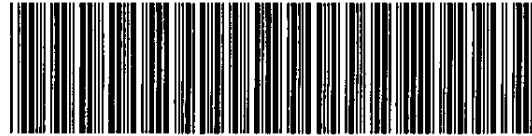
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Certified Copies _____

Certificates of Status _____

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12 JUN -7 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/08/12

COVER LETTER

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

SUBJECT: GREAT EPIPHANY MOMENTS, 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: AEMILIA J. IVES
Name (Printed or typed)

1256 CONTINENTAL AVE.
Address

MELBOURNE, FL 32940
City, State & Zip

321.544.6394
Daytime Telephone number

aji@greatepiphanymoments.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: Great Epiphany Moments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1256 Continental Avenue
Melbourne, FL 32940

Mailing address, if different is:

P.O. Box 410218
Melbourne, FL 32941

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawfull purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Aemilia Ives, President</u>	Name and Title: _____
Address: <u>1256 Continental Avenue</u>	Address: _____
<u>Melbourne, FL 32940</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

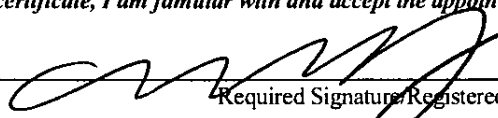
Name: Edward J. Kinberg, Kinberg & Associates, LLC
Address: 1290 W. Eau Gallie Blvd.
Melbourne, FL 32935

ARTICLE VII INCORPORATOR

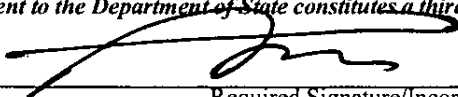
The name and address of the Incorporator is:

Name: Aemilia Ives
Address: 1256 Continental Avenue
Melbourne, FL 32940

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	<u>6-05-12</u> _____ Date
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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	<u>6-05-12</u> _____ Date
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