

P12000068881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

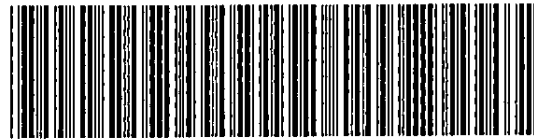
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238288349

08/09/12--01003--003 **70.00

FILED
12 AUG -9 PM 4:15
SECRETARY OF STATE
HALLMARKS OF POWER

3 Bush AUG 10 2012

COVER LETTER

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

SUBJECT: **FLORIDASHRINKWRAP.COM, 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:

Karlie Riehl

Name (Printed or typed)

2416 10TH ST CT E, UNIT A

Address

ELLENTON, FL 34222

City, State & Zip

941-225-1758

Daytime Telephone number

SALES@FLORIDASHRINKWRAP.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: **FLORIDASHRINKWRAP.COM, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2416 10TH ST CT E, UNIT A
ELLENTON, FL 34222

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SHRINKWRAPPING

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JEFF GAZAWAY, PD**
Address: **2416 10TH ST CT E, UNIT A**
ELLENTON, FL 34222

Name and Title: _____
Address: _____

Name and Title: **KARLIE RIEHL, VD**
Address: **2416 10TH ST CT E, UNIT A**
ELLENTON, FL 34222

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:

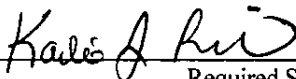
Name: **KARLIE RIEHL**
Address: **2416 10TH ST CT E, UNIT A**
ELLENTON, FL 34222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ROBIN J SMITH**
Address: **2416 10TH ST CT E, UNIT A**
ELLENTON, FL 34222

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

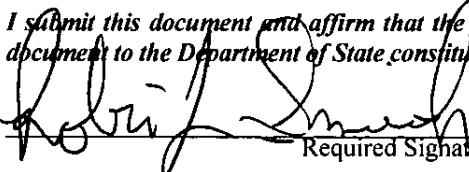


Required Signature/Registered Agent

07/02/2012

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

07/02/2012

Date