

P/20000083200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

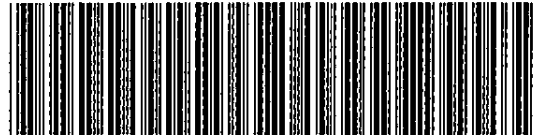
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: **CASSIS DESIGN STUDIO, 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: **LUIS F. CASSIS**  
Name (Printed or typed)

**1717 NW 1 AVENUE**  
Address

**BOCA RATON, FL 33432**  
City, State & Zip

**(561)7977853**  
Daytime Telephone number

**LFCASSIS@HOTMAIL.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: **CASSIS DESIGN STUDIO, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1717 NW 1 AVE**  
**BOCA RATON**  
**FLORIDA 33432**

**FILED**

Mailing address, if different is:

**12 OCT -1 AM 10:41**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO PROVIDE GRAPHIC DESIGN SERVICES.**

**ARTICLE IV SHARES**

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

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

Name and Title: <b>LUIS F. CASSIS, PRESIDENT &amp; DIRECTOR</b>	Name and Title: _____
Address: <b>233 S. FEDERAL HWY # 709</b>	Address: _____
<b>BOCA RATON</b>	_____
<b>FLORIDA 33432</b>	_____

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: **ALEX DECASTRO**  
Address: **233 S. FEDERAL HWY# 709**  
**BOCA RATON, FL 33432**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **LUIS F. CASSIS**  
Address: **1717 NW 1 AVE**  
**BOCA RATON, FL 33432**

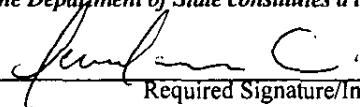
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

**9/26/2012**

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

**9/26/2012**

Date