

P13 000014406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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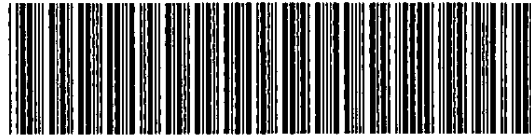
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: **Enscripted, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **David Raff**

Name (Printed or typed)

**16240 Emerald Cove Rd**

Address

**Weston, FL 33331**

City, State & Zip

**954-600-8747**

Daytime Telephone number

**david@enscripted.com**

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

**NOTE: Please provide the original and one copy of the articles.**

Hello,

My name is David Raff, owner of the now  
inactive Enscripted, Inc. (document # P11000065482)

Please allow me to refile for Enscripted. I was told.

I could since I am the original owner of Enscripted.

Thank you,

David Raff

David Raff

**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: Enscripted, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16240 Emerald Cove Rd

Weston, FL 33331

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: David Raff

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

Address 16240 Emerald Cove Rd  
Weston, FL 33331

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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Name and Title: \_\_\_\_\_ Name and Title: **13 FEB 11 PM 3:52**  
Address: \_\_\_\_\_ Address: **SECRETARY OF STATE**  
\_\_\_\_\_  
\_\_\_\_\_ **DEPARTMENT OF REVENUE, FLORIDA**  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **David Raff**  
Address: **16240 Emerald Cove Rd**  
**Weston FL, 33331**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: **David Raff**  
Address: **16240 Emerald Cove Rd**  
**Weston, FL 33331**

*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*

David Raff 2-6-13  
Required Signature/Registered Agent 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.*

David Raff 2-6-13  
Required Signature/Incorporator Date