

P13 000014406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

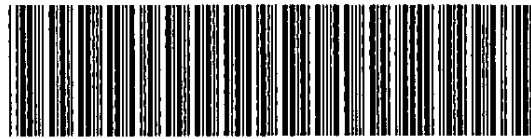
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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: 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 Address: _____
Weston, FL 33331 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____	Name and Title: <u>13 FEB 11 PM 3:52</u>
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>DEPARTMENT OF REVENUE, FLORIDA</u>
_____	_____

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

<u>David Raff</u>	<u>2-6-13</u>
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.

<u>David Raff</u>	<u>2-6-13</u>
Required Signature/Incorporator	Date