P1300017430

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Chan Cal Wart
Shawn Schweikart Authorization by Phone ID
AUTHORIZATION BY BUOME TO
CORRECT HTTIC/EIL
DATE 2/22/13
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Office Use Only



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W13-906

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 850-245-6052

SUBJECT:	UBJECT: Embroidery Ink Company				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX					
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status		
	ADDITIONAL COPY REQUIR				
FROM:		Schweikart e (Printed or typed)			
	4918 Pa	rkview Drive			
		Address	11 - 11		
		d, FL 34771			
	City, State & Zip				
		14-2563 Telephone number			
	·	nawn@yahoo.co	m		
	E-mail address: (to be used for future annual report notification)				

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



February 18, 2013

SHAWN SCHWEIKART 4918 PARKVIEW DR ST CLOUD, FL 34771

SUBJECT: EMBRODERY INK COMPANY

Ref. Number: W13000009806

We have received your document for EMBRODERY INK COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 613A00003915

Pamela Smith Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

The name of the corpor		Embroidery			13 FEB 22	A14.
RTICLE II PR	INCIPAL OFFICE			Mailing address, if diff	Store iand	# # 05 -
S418 Hoffner	Principal street address Ave., Suite B			Maning address, it diff	FAFEYING HASSIE	or 37, • Fl.8 ₁
Orlando, FL					<u></u>	•
Jianuo, i L	52022			<u> </u>		
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he purpose for which	RPOSE the corporation is organized	zed is:				_
Sales of sign	age and embro	idery items.				_
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Name an	d Title:	Name and Title:	FILED			
Address		Address:	13 FEB 22 AM 11: 22			
		·	TALLAHASETE TO TATE			
		·	- C. F. ONB			
ARTICLE VI The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name:	Shawn Schweikart					
Address:	4918 Parkview Dr.					
	St. Cloud, FL 34771	· ·				
ARTICLE VII	INCORPORATOR					
The name and ad	dress of the Incorporator is:					
Name:	Shawn Schweikart					
Address:	4918 Parkview Dr.	_				
	St. Cloud, FL 34771					
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						
			1-21-13 Date			
	Required Signature/Registered Agent		Date			
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon					
			1-21-13			
. — .	Required Signature/Incorporator	· 	Date			