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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

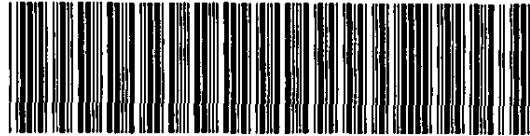
(Business Entity Name)

(Document Number)

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

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13 JUL 29 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
8/1/13

## COVER LETTER

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

SUBJECT: Out Front Flipstand, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Alexis G. Dold  
Name (Printed or typed)

100 SW 6<sup>th</sup> St  
Address

Gainesville, FL 32601  
City, State & Zip

352 246 1724  
Daytime Telephone number

StandOutFront@gmail.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: Out Front Flipstand, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

100 SW 6<sup>th</sup> St  
Gainesville, FL  
32601

Mailing address, if different is:

1927 NE 7<sup>th</sup> St  
Gainesville, FL  
32609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To manufacture and  
sell tablet stands from steel. Primarily  
tablet stands for use with card  
readers in retail settings.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Alexis Dold, pres.

Address: 1927 NE 7<sup>th</sup> St  
Gainesville, FL  
32609

Name and Title: J. Brendan Pieters, Vice Pres.

Address: 3957 NW 27<sup>th</sup> Ln  
Gainesville, FL  
32606

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

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

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

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

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

Address: \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: FILED  
Address: \_\_\_\_\_ Address: 13 JUL 29 PM 1:43  
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\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Alexis Dold  
Address: 1927 NE 7<sup>th</sup> St  
Gainesville, FL 32609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robin Dold  
Address: 1927 NE 7<sup>th</sup> St  
Gainesville, FL 32609

*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*

[Signature] 7/23/13  
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.*

L. 2 7/23/13  
Required Signature/Incorporator Date