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(Requestor's Name)				
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CIT	y/State/Zip/Phone	: #}		
PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

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

	yStands4You, Inc.		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
Jo FROM:	rge A. Calvo	e (Printed or typed)	
629	5 Whisper Woods Dr		
		Address	
La	keland, FL 33813		
	City	, State & Zip	
86	3-337-4100		
 -	Daytime 1	Telephone number	
info	@displaystands4you.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

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

ARTICLE I NAM The name of the corporat		ou, Inc.	,
ARTICLE II PRI	Principal street address		Mailing address, if different is:
Lakeland, FL 338	13		
·			
The purpose for which t	he corporation is organized is:		display stands for books,
magazines, e-read	ders and other similar items	s, selling them via a	in internet site.
.			
			13 SEC
			AHA:
ARTICLE IV SHA The number of shares of	IRES 100 stock is:		-4 PH 2: 45 -4 PH 2: 45 -KY OF STATE SSEE, FLORIDA
ARTICLE V INIT	<u>rial officers and/or diri</u> Jorge A. Calvo	<u>ECTORS</u>	Zully A. Calvo, Treasurer
Name and Title	625 Whisper Woods Dr	Name and Title Address:	625 Whisper Woods Dr
Address	Lakeland, FL 33813	Addiess.	Lakeland, FL 33813
		<u></u>	
Name and Title:		Name and Title	:
Address		Address:	
			X
Address	·	Address:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and FI Name:	orida street address (P.O. Box NOT acceptable Jorge A. Calvo	e) of the registered agent is:
Address:	625 Whisper Woods Dr	
7100.055	Lakeland, FL 33813	
ARTICLE VII	INCORPORATOR	AHASS PLANT
The name and ac	Idress of the Incorporator is:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Name:	Jorge A. Calvo	
Address:	625 Whisper Woods Dr	ATE ATE
Lakeland, FL 338	Lakeland, FL 33813	
		ocess for the above stated corporation at the place designated s registered agent and agree to act in this capacity
	moue	24 August 2013
	Required Signature/Registered Agent	Date
I submit this doc document to the i	ument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the false information submitted in elony as provided for in s.817.155, F.S.
	m we	24 August 2013
	Required Signature/Incorporator	Date