

P130000078751

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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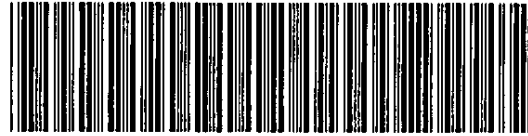
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

umd 9/24

## COVER LETTER

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

SUBJECT: AVIAN EXPRESSIONS 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: PAULA RANDAZZO  
Name (Printed or typed)  
350 ROCKY RUN PKWY  
Address  
WILMINGTON DE 19803  
City, State & Zip  
302-540-7298  
Daytime Telephone number  
INFO@AVIANEXPRESSIONS.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: AVIAN EXPRESSIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

354 MISSION TRACE DR.  
ST AUGUSTINE, FL 32084

350 ROCKY RUN PKWY  
WILMINGTON DE 19803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Retail sales

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PAULA RANDAZZO, President Name and Title: \_\_\_\_\_

Address 350 ROCKY RUN PKWY Address: \_\_\_\_\_  
WILMINGTON DE 19803

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

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

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

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

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: PAULA RANDAZZO  
Address: 354 MISSION TRACE DR.  
ST. AUGUSTINE, FL 32084

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**ARTICLE VII INCORPORATOR**

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

Name: PAULA RANDAZZO  
Address: 350 ROCKY RUN PKWY  
WILMINGTON DE 19803

*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*

Paula Randazzo 9/15/13  
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.*

Paula Randazzo 9/15/13  
Required Signature/Incorporator Date