

PI4000022394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

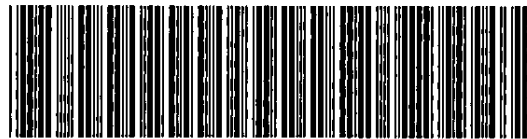
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 10 AM 11:52

COVER LETTER

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

SUBJECT: **Ashtrays and More, 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: **Ashtrays and More, Inc.**

Name (Printed or typed)

904 N. Rome Avenue

Address

Tampa, FL 33606

City, State & Zip

850-251-8210

Daytime Telephone number

ccmoya@tampabapy.rr.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: Ashtrays and More, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

904 N. Rome Avenue

Tampa, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To design, manufacture, and sell art.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cindy P. Herzog - President

Name and Title: _____

Address 101 S. 12th Street #303

Address: _____

Tampa, FL 33602

Name and Title: Karl J. Herzog - Vice President

Name and Title: _____

Address 101 S. 12th Street #303

Address: _____

Tampa, FL 33602

Name and Title: Carol C. Moya - CFO

Name and Title: _____

Address 30 Sylvia Place

Address: _____

Oldsmar, FL 34677

(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: Carol C. Moya

Address: ~~PO Box 636~~ 30 Sylvia Place
Oldsmar, FL 34677

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol C. Moya

Address: ~~PO Box 636~~ 30 Sylvia Place
Oldsmar, FL 34677

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

Carol C. Moya

Required Signature/Registered Agent

1/15/14
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.

Carol C. Moya

Required Signature/Incorporator

1/15/14
Date