

P140 00043750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

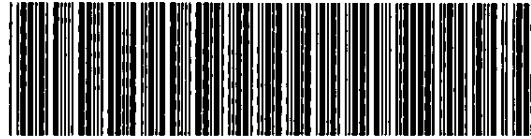
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500260112915

05/14/14--01007--007 \*\*166.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 PM 4:06

5/17/14

## COVER LETTER

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

**SUBJECT:** FoamtastiC Manufacturing 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** John Calvino, Jr.

Name (Printed or typed)

3744 N.W. 98th Ave

Address

Coral Springs, FL 33065

City, State & Zip

954.263.1687

Daytime Telephone number

foamtasticmfg@yahoo.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: FoamtastiC Manufacturing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3744 N.W. 98th Avenue

Coral Springs, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: the manufacturing of foam products, insulation, packaging, architectural, etc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 14 PM 4:05

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: John Calvino, Jr./owner

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

Address 3744 N.W. 98th Avenue  
Coral Springs, FL 33065

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

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: John Calvino, Jr.  
Address: 3744 N.W. 98th Avenue  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

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

Name: John Calvino, Jr.  
Address: 3744 N.W. 98th Avenue  
Coral Springs, FL 33065

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

May 5, 2014

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.*

\_\_\_\_\_  
Required Signature/Incorporator

May 5, 2014

Date