

6/16/2014 14:40 From: To: 8506176381

(1/4)

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 JUN 16 PM 2:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
PUSH THE ENVELOPE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

B 6/17/14

14 JUN 16 PM 4:03

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Push The Envelope, 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: Push The Envelope, Inc.

Name (Printed or typed)

3132 Tipperary Dr.

Address

Tallahassee, FL 32309

City, State & Zip

(850) 528-5484

Daytime Telephone number

Miriam.dady@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 Push The Envelope, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: _____

3132 Tipperary Dr.

Tallahassee, FL 32309

ARTICLE III PURPOSE Any legal activity / business management services
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 2000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miriam Dady D Name and Title: _____

Address 3132 Tipperary Dr. Address: _____

Tallahassee, FL 32309 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATE & FINANCIAL SERVICES

(cont.)

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brent Buscay
Address: 9120 Double Diamond Parkway
Reno, NV 89521

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

By: NRAI Services, Inc. *Dan...* 6/13/2014
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.

B... 6/12/2014
Required Signature/Incorporator Date
Brent Buscay

17 JUN 16 PM 4:03
DIVISION OF CORPORATE REGISTRATION