

P14000075043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

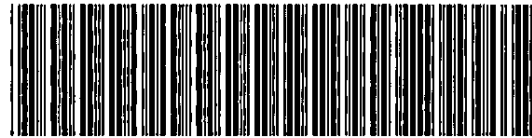
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/08/14--01014--024 **78.75

FILED
14 SEP -8 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Butterfly Ink Corp.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Leyshia Ogbodo
Name (Printed or typed)

2984 Hunters Glen
Address

TALLAHASSEE, FLORIDA 32303
City, State & Zip

850 264-3984
Daytime Telephone number

Oleyshia@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: Butterfly Ink, corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2984 Hunters Glen

Tallahassee, Florida

32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Legal & Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leyshia Ogbodo

Name and Title: Owner/Operator

Address 2984 Hunters Glen
Tallahassee FLorida
32303

Address: 2984 Hunters Glen
Tallahassee, Florida
32303

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 SEP -8 AM 8:03
TALLAHASSEE, FLORIDA

(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: Leyshia Ogbodo
Address: 2984 Hunters Glen
Tallahassee, Florida

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leyshia Ogbodo
Address: Tallahassee, Florida
32303

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

Leyshia Ogbodo
Required Signature/Registered Agent

9/4/14
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.

Leyshia Ogbodo
Required Signature/Incorporator

9/4/14
Date

14 SEP -8 AM 8:08
TALLAHASSEE, FLORIDA