

P1400007527A

(Requestor's Name)

(Address)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: EyeCatcherz 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: MARIO SAPP
Name (Printed or typed)

1600 Trailblazer
Address

Tallahassee FL 32310
City, State & Zip

850-727-2149
Daytime Telephone number

eyecatcherzfla@hotmail.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: EyeCatcherz Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1600 Trailblazer Dr.
Tallahassee, FL 32310

P.O. Box 20602
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: distribution of chemicals
to house holds, janitorial and the automobile
Industry

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Sapp - CEO Name and Title: _____

Address: 1600 Trailblazer Dr. Address: _____
Tallahassee, FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL 32310
STATE OF FLORIDA

(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: MARIO SAPP

Address: 1600 Trailblazer Dr.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario Sapp

Address: ~~1600 Trailblazer Dr.~~

P.O. Box 20602 Tall, Fl. 32316

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

Mario Sapp

Required Signature/Registered Agent

9/11/14

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.

Mario Sapp

Required Signature/Incorporator

9/11/14

Date

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