

P14 0000 76440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

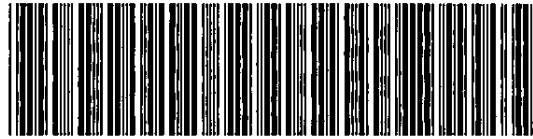
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/14--01002--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 15 PM 4:51

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: **Snapsity 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: **Joseph Marianacci**
Name (Printed or typed)
 6201 Palm Trace Landings Dr. Apt. 203
Address
 Davie, Florida 33314
City, State & Zip
 1-(203)-253-8536
Daytime Telephone number
 snapsityinc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof. Fee \$14) **SEP 15 PM 4:51**

ARTICLE I NAME

The name of the corporation shall be:

Snapcity Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6201 Palm Trace Landings Dr.

Apt. 203

Davie, Florida 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Resale of consumer products in an
ecommerce environment.**

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Joseph Marianacci - President**

Name and Title: **Madeline Marianacci - Vice President**

Address: **6201 Palm Trace Landings**

Address: **6201 Palm Trace Landings**

Apt. 203

Apt. 203

Davie, Florida 33314

Davie, Florida 33314

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

14 SEP 15 PM 4:51 (cont.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Joseph Marianacci
Address: 6201 Palm Trace Landings Dr. Apt 203
Davie, Florida 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Marianacci
Address: 6201 Palm Trace Landings Dr. Apt 203
Davie, Florida 33314

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

09/06/14
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.

Required Signature/Incorporator

09/06/14
Date