

P140000080020

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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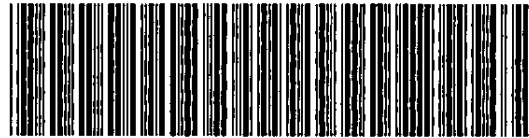
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SEP 29 2014

T. SCOTT



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09/26/14--01012--021 \*\*70.00

SEP 26 PM 2:33

RECEIVED  
DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: SymbioVR, 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: Christopher Puszczak

Name (Printed or typed)

3406 Bishop Park Drive Apt 423

Address

Winter Park, FL, 32792

City, State & Zip

618-531-8960

Daytime Telephone number

ProjectVRmor@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**

The name of the corporation shall be: SymbioVR, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3406 Bishop Park

Apt 423

Winter Park, FL, 32792

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all business activity.

**ARTICLE IV SHARES**

The number of shares of stock is: 10 million

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

Name and Title: Chris Puszczak - President

Address: 3406 Bishop Park Dr.

Apt 423

Winter Park, FL, 32792

Name and Title: Rupert Meghnot - Director

Address: 8945 Tuscan Valley Place

Orlando, FL, 32825

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

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

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

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

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

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

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

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

SEP 26 PM 2:32

(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:

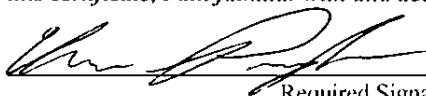
Name: Chris Puszczak  
Address: 3406 Bishop Park Drive Apt 423  
Winter Park, FL, 32792

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chris Puszczak  
Address: 3406 Bishop Park Drive Apt 423  
Winter Park, FL, 32792

*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*

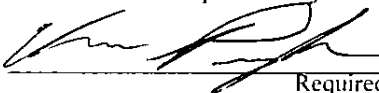


\_\_\_\_\_  
Required Signature/Registered Agent

9/22/2014

\_\_\_\_\_  
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

9/22/2014

\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
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