

P15000000158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

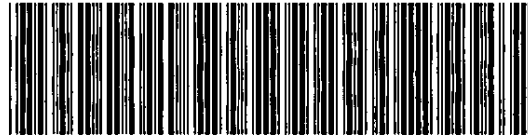
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 31 PM 1:05  
TALLAHASSEE, FL 32304

1-2-15 ch

**COVER LETTER**

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

SUBJECT: ACTIVE IMAGES 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: FRED GOSMAN  
Name (Printed or typed)  
226 Londonderry DR  
Address  
Sarasota FL 34240  
City, State & Zip  
414 699 8780  
Daytime Telephone number  
FG7613 @ 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:

ACTIVE IMAGES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

226 Londonderry Dr  
Sarasota FL 34240

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to sell advertising +  
related activities

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:

Fred Gosman, President

Name and Title:

Address

226 Londonderry Dr  
Sarasota FL  
34240

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

14 DEC 31 PM 10:05  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF SARASOTA, FLORIDA

⑧ Article VIII Effective date is 11/1/15. (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: Fred Gosman  
Address: 226 Londonderry Dr  
Sarasota FL 34240

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fred Gosman  
Address: 226 Londonderry Dr  
Sarasota FL 34240

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

Fred Gosman  
Required Signature/Registered Agent

11/1/15  
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.

Fred Gosman  
Required Signature/Incorporator

11/1/15  
Date

NOT RECORDED  
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