## P150000 19495

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	WAIT	MAIL
I FICK-OF	<b>□</b> ₩∧'''	III WAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500269710155

02/23/15--01028--027 \*\*78.75

SECTIVITARY OF STATE ALL AHASSEE, FLORIDA

MAR -2 PM 2:

3-2/ms

## COVER LETTER

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

SUBJECT:	SOU! MISEAC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	BRIAN 0 Name 1175 NE 12	(P)	Suite 208
	NORTH MIAM	1 I G G I G B B	
	-	Telephone number	
		ed for future annual report	

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:	SouTH Beach GI	RAPHICS, INC	
ARTICLE II PRINCIPAL OFFICE Principal street ac  1175 NE 135 ST  NORTH MIAMI FL	<u>E</u>	Mailing address, if different is:	
ARTICLE III PURPOSE  The purpose for which the corporation is of the purpose for which the purpose for which the corporation is of the purpose for which the purpose for which the corporation is of the purpose for the purpose for which the corporation is of the purpose for the purpo		IARE SAles L 1ENT BUSIN	S
ARTICLE IV SHARES The number of shares of stock is:	100	SECRETARY OF STATE	15 HAR -2 PH 2: 44
Name and Title: BP/AN Address 1175	NE 2551 Address Suite 20  iami FL 33	ess:	
	Name	and Title:ss:	
Address	Name :	and Title:	

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:	Name and T	Title: BRIAN WOOD Sura Name and Title: DT.	<u>S</u>	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  ITS NE 135 ST SUITE 308  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  ITS NE 135 ST SUITE 208  Address:  ITS NE 135 ST SUITE 208  W. MIAM; FU, 33/6/  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  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 Sade constitutes of third degree felony as provided for in \$817.155, F.S.	Address	1175 Ne12551 208 Address:		·
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    RIAN WOOD    Address:   ITS NK 135 SW 18 208     ARTICLE VII INCORPORATOR   The name and address of the Incorporator is:   Name:   Address:   ITS NF 138 ST SW 18 208     Address:   ITS NF 138 SW 18 208     Add			***************************************	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    RIAN WOOD    Address:   ITS NK 135 SW 18 208     ARTICLE VII INCORPORATOR   The name and address of the Incorporator is:   Name:   Address:   ITS NF 138 ST SW 18 208     Address:   ITS NF 138 SW 18 208     Add		- MATTALE - MATT		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    RIAN WOOD    Address:   ITS NK   35   SWIE 208     ARTICLE VII   INCORPORATOR     The name and address of the Incorporator is:   Name:   Address:   ITS NF   128   ST   SWIE 208     Itaving 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     Address:   Italian   Date     Assumed this document and affirm that the facts stated begein are true. I am aware that the false information submitted in a document to the Department of State constitutes of hird degree felony as provided for in s.817.155, F.S.				
Name:  Address:    175 NE   25   Suite 208				
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Mame:  Mame				
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Mame:  Mame	Name: _	BRIAN WOOD	700 57	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Mame:  Mame	Address:	1175 NE 125 ST SUITE 208		
The name and address of the Incorporator is:  Name:  Address:  Address:  Maying 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  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 of hird degree felony as provided for in s.817.155, F.S.		Nimiami FL, 3316/	4-2 4488	7
The name and address of the Incorporator is:  Name:  Address:  Address:  Maying 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  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 of hird degree felony as provided for in s.817.155, F.S.		·	H	[T]
Name:  Address:    1/75 NF   13 S  Sili   18 2 G f   N. M   Am   Fl, 33   C    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   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 of hird degree felony as provided for in s.817.155, F.S.	ARTICLE VII 1	NCORPORATOR	표 변 원인 12 2:	1,44
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  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 of third degree felony as provided for in s.817.155, F.S.	The name and addr		AT T	
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  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 of third degree felony as provided for in s.817.155, F.S.	Name:	Brian Wood		
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  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 of third degree felony as provided for in s.817.155, F.S.	Address:	1175 NE 128 ST Suite 208		
Required Signature/Registered Agent  To 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 of third degree felony as provided for in s.817.155, F.S.		N. MIAMI FL, 33/6/		
Required Signature/Registered Agent  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 of third degree felony as provided for in s.817.155, F.S.				ed in
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 of third degree felony as provided for in s.817.155, F.S.		15AD	2/15/15	•
document to the Department of State constitutes of third degree felony as provided for in s.817.155, F.S.		Required Signature/Registered Agent	Date	
115/15				l in a
	James is the Dep	A Survey of the	2/15/13	
Required Signature/Incorporator Date		Required Signature/Incorporator	Date	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

BRIAN WOOD 1175 NE 125 STREET SUITE 208 NORTH MIAMI, FL 33161

SUBJECT: SOUTH BEACH GRAPHICS, INC

Ref. Number: W15000013243

We have received your document for SOUTH BEACH GRAPHICS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the street address of each officer/director.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please list the city name in its entirety abbreviation is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00003848