

P15000045450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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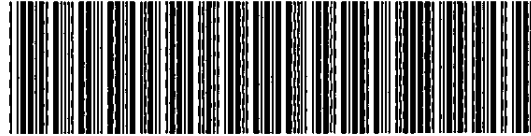
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/18/15--01032--011 **78.75

FILED
15 MAY 18 PM 3:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

5 21 15 8

COVER LETTER

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

SUBJECT: LICENSE PRODUCTS FL 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: MORRIS SHASHO
Name (Printed or typed)
295 AVENUE W
Address
NEW YORK, NY 11223
City, State & Zip
917-627-6636
Daytime Telephone number
BERTAXPRO@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: LICENSED PRODUCTS FL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

62 INDIAN TERRACE

WESTON, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE AND RETAIL OF CELLULAR PHONES

15 MAY 18 PM 3:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MORRIS SHASHO - PRESIDENT

Name and Title: _____

Address: 295 AVENUE W

Address: _____

BROOKLYN, NY 11223

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: MORRIS SHASHO

Address: 62 INDIAN TRACE

WESTON, FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MORRIS SHASHO

Address: 295 AVENUE W

BROOKLYN, NY 11223

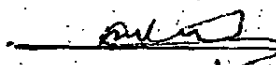
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-12-15
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.


Required Signature/Incorporator

5-12-15
Date