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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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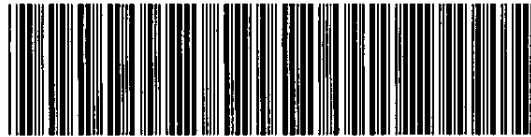
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 09 2015

W PAINTER

COVER LETTER

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

SUBJECT: The Pop Shop Co.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Douglas B. Bailey

Name (Printed or typed)

668 Silver Birch Place

Address

Longwood, Florida 32750

City, State & Zip

407-617-2662

Daytime Telephone number

?

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: The Pop Shop Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

668 Silver Birch Place

P.O. Box 950721

Longwood, Florida, 32750

Lake Mary, Florida 32795-0721

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Education and Training in the Performing Arts and other related activities

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas B. Bailey- president

Name and Title: _____

Address 668 Silver Birch Place

Address: _____

Longwood, Florida 32750

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Douglas B. Bailey

Address: 668 Silver Birch Place

Longwood, Florida 32750

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Douglas B. Bailey

Address: 668 Silver Birch Place

Longwood, Florida 32750

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

5/28/15
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

5/28/15
Date

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15 JUN -4 PM 5:28
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