## P 15000 w 5100

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	TIAW [	MAIL			
(Bu	siness Entity Nam	ne)			
(33					
(De	cument Number)				
(50	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

JAMES BRODRIBB PHOTOGRAPHY INC.

SUBJECT:	(PROPOSED CORPO	ÔRATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	e articles of incorporation and	l a check for:
☐ \$70. Filing F	00 ■ \$78.75  Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status
FROM	S J COOPER & ASSOCIATES ST	FEVEN COOPR  Name (Printed or typed)	
	4001 SANTA BARBARA BLVD		
	NAPLES, FL 34120	Address	JUL 31
	239-398-3637	City, State & Zip	
	Daytin STEVEN@SJCFINANCE.COM	ne Telephone number	2: 40
	E-mail address: (to be	used for future annual report n	otification)

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)

FILED

A <i>RTICLET NAME</i> The name of the corporation	n shall be:	GRAPHY INC.	15 JUL 31 PH 2: 4
ARTICLE II PRINCIP	PAL OFFICE rincipal <u>street</u> address	Mailing a	SECRETARY OF STATE address, if different is E. FLORID, BEON BAY COURT
366	<del></del>	NAPLES, FL 34	120
NAPLES, FL 34104			
RTICLE III PURPOSE The purpose for which the	E A LEGAL & corporation is organized is:	& PROFESSIONAL PHOT	OGRAPHY CORPORATION.
Name and Title:	OFFICERS AND/OR DIRECTORS  AMES G. BRODRIBB, PRESIDENT		
Address 19	90 JEFFERSON STREET	Address:	
#	1F	···	
B 	ROOKLYN, N.Y. 11206		
Name and Title		Name and Title:	
Address		Address:	
Name and Title:		_ Name and Title:	
			THE THE PERSON NAMED IN TH
Address			

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Name ar	nd Title:	Name and Title:	
Address	3	Address:	
		<del></del>	
ADTICLE VI	DECICTEDED ACENT		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	STEVEN COOPER		
Address:	4001 SANTA BARBARA BLVD # 366	<del></del>	**.
Addicss.	NAPLES, FL 34104	_	ें जि
		_	
ARTICLE VII	<u>INCORPORATOR</u>		ARO OF T
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	STEVEN COOPER	_	74.77 (5)
Address:	4001 SANTA BARBARA BLVD # 366	_	LED 1 PH 2: 40 1 PT 2: 40 1 PT 2: 40
	NAPLES, FL 34104	_	. •
ADTICLE VIII	EFFECTIVE DATE.		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	)
(If an effective days after the fi	late is listed, the date must be specific and cann-	ot be more than five busine	ss days prior or 90 business
Note: If the date	inserted in this block does not meet the applicable	e statutory filing requirements	s, this date will not be listed as
the document's e	ffective date on the Department of State's records.		
	med as registered agent to accept service of proces		
unis cerujicate, i	am familiar with and accept the appointment as re	gistereu agent ana agree to a	7/21/2015
	Required Signature/Registered Agent	<del></del>	Date
I submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the f	
	Department of State constitutes a third degree felo		
	Du Cleni -		7/21/2015
Requi	ired Signature/Incorporator	<del></del>	Date
	V		