

P15000078795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

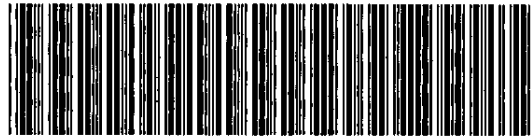
(Document Number)

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15 SEP 23 PM 3:14  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

1x115-60336

und 9/24

## COVER LETTER

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

**SUBJECT:** Put Down the Remote, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Patrick Murphy  
Name (Printed or typed)

4210 Mt. Vernon Ave  
Address

Titusville, FL 32780  
City, State & Zip

321-278-9852  
Daytime Telephone number

pmurphy67@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2015

PATRICK MURPHY  
4210 MT.VERNON AVE.  
TITUSVILLE, FL 32780

SUBJECT: PUT DOWN THE REMOTE, INC.  
Ref. Number: W15000060336

We have received your document for PUT DOWN THE REMOTE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00019339

## 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: Put Down the Remote, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4210 Mt. Vernon Ave

Titusville, FL 32780

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To inspire our youth through learning, conservation, advancing environmental knowledge while strengthening our communities.

### ARTICLE IV SHARES

The number of shares of stock is: 100 / ONE HUNDRED

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick Murphy, Director

Name and Title: Tammy Wilson, Director

Address: 4210 Mt. Vernon Ave

Address: 6845 Columbine Drive

Titusville, FL 32780

Cocoa, FL 32927

Name and Title: Thomas Altif, Director

Name and Title:

Address: 3 Indian River Avenue

Address:

Titusville, FL 32796

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: Patrick Murphy  
Address: 4210 Mt. Vernon Ave  
Titusville, FL 32780

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FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Tammy Wilson  
Address: 6845 Columbine Drive  
Cocoa, FL 32927

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/01/2015 (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

9/1/2015  
\_\_\_\_\_  
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

9/1/2015  
\_\_\_\_\_  
Date