## P15000100224

		,		
(Requestor's Name)				
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(Cit	ty/State/Zip/Phon	e #)		
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(Document Number)				
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## **COVER LETTER**

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

SUBJECT: Prints B	y Phetssy Co.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM:	phanie Mondesir		
241	Name 3 Main Street # 124	e (Printed or typed)	
		Address	·- <del></del>
Mir	amar, FL 33025		
	City,	State & Zip	
813	-4809429		
<del></del>	Daytime T	elephone number	

printsbyphetssy@gmail.com

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2015

STEPHANIE MONDESIR 2413 MAIN STREET #124 MIRAMAR, FL 33025

SUBJECT: PRINTS BY PHESTY CO.

Ref. Number: W15000078705

We have received your document for PRINTS BY PHESTY CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 715A00025545

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI!	NCIPAL OFFICE Principal street address	Mailing 8	address, if different is:
13 Main Street # 12	24		
ramar, FL 33025			
TICLE III PUR e purpose for which	POSE h the corporation is organized is:	egally sell goods and services	
			ALLAHASS
			TEST ST
TICLE IV SHA	IDEC		ng Ripa
	of stock is:  IIAL OFFICERS AND/OR DIRECT	<del>-</del>	
e number of shares	of stock is:	Name and Title:	
e number of shares  TICLE V INIT  Name and T	of stock is:  FIAL OFFICERS AND/OR DIRECT  itle:  2413 Main Street #134	Name and Title:	
e number of shares  ETICLE V INIT  Name and T  Address	of stock is:  FIAL OFFICERS AND/OR DIRECT  itle:  2413 Main Street #124	Name and Title:Address:	
e number of shares  ETICLE V INIT  Name and T  Address	of stock is:  FIAL OFFICERS AND/OR DIRECT  itle:  Stephanie Mondesir  2413 Main Street #124  Miramar, FL 33025	Name and Title: Address:  Name and Title:	
e number of shares  ETICLE V INIT  Name and T  Address  Name and Ti	of stock is:  FIAL OFFICERS AND/OR DIRECT itle:  Stephanic Mondesir  2413 Main Street #124  Miramar, FL 33025	Name and Title: Address:  Name and Title:	
e number of shares  ETICLE V INIT  Name and T  Address  Name and Ti  Address	of stock is:  FIAL OFFICERS AND/OR DIRECT itle:  Stephanic Mondesir  2413 Main Street #124  Miramar, FL 33025	Name and Title:  Address:  Name and Title:  Address:	

Name an	d Title:	Name and Title:
Address	2413 Main Street # 124	Address:
	Miramar, FL 33025	
	<i>REGISTERED AGENT</i> Iorida street address (P.O. Box NOT accep	stable) of the registered agent is:
Name:	Stephanie Mondesir	
Address:	2413 Main Street # 124	
ridui (33.	Miramar, FL 33025	75 TO 15 TO
ARTICLE VII	<u>INCORPORATOR</u>	
he <u>name and a</u>	ddress of the Incorporator is:	The second
Name:	Stephanie Mondesir	T IS
Address:	2413 Main Street # 124	NBA RBA
	Miramar, FL 33025	
Effective date, if If an effective of lays after the finder:  If the date	ling.)	. (OPTIONAL)  d cannot be more than five business days prior or 90 business  plicable statutory filing requirements, this date will not be listed as records.
Having been nath	med as registered agent to accept service of am familiar with and accept the appointment	f process for the above stated corporation at the place designated and agree to act in this capacity
20_	Required Signature/Registered A	2 11/27/2015 Date
submit this doc locument to the	cument and affirm that the facts stated he	rein are true. I am aware that the false information submitted in ree felony as provided for in s.817.155, F.S.
	. = 1011	11/27/2015
Pagu	ired Signature/Incorporator	Date