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16 JAN 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan

JAN 25 2016

Zipx, Inc.
3005 Watson Drive
Marianna, FL 32446

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

Enclosure

Articles of Inc.

COVER LETTER

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

SUBJECT: Zipx, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Archie Harris

Name (Printed or typed)

3005 Watson Drive

Address

Marianna FL, 32446

City, State & Zip

423-505-5516

Daytime Telephone number

archie@zharris.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)

FILED

ARTICLE I NAME
The name of the corporation shall be: Zipx, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address
3005 Watson Drive
Marianna, FL 32446

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide mainframe computer leasing and maintenance services;
or any other legal product or service deemed appropriate by the Board of Directors.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Archie Harris, President & Director

Name and Title: Evan Harris, Secretary

Address 3005 Watson Drive
Marianna, FL 32446

Address: 3005 Watson Drive
Marianna, FL 32446

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: Mary Harris _____

Address: 3005 Watson Drive _____

Marianna, FL 32446 _____

ARTICLE VII INCORPORATOR

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

Name: Archie Harris _____

Address: 3005 Watson Drive _____

Marianna, FL 32446 _____

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TALLAHASSEE FLORIDA

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

Mary Ann Harris
Required Signature/Registered Agent

1/5/2016
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.

Archie Harris
Required Signature/Incorporator

1/5/2016
Date