

P16000034036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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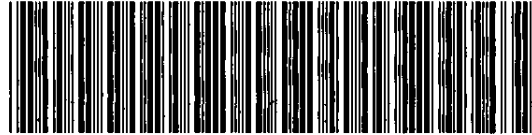
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 12 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan APR 18 2016

COVER LETTER

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

SUBJECT: PHYSICAL ADVERTISING, CORP.

(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: ORLANDO PENA

Name (Printed or typed)

205 S. DIXIE DR. SUITE: #192

Address

HAINES CITY, FLORIDA 33844

City, State & Zip

305-728-9020

Daytime Telephone number

PHYSICALADVERTISINGSTORE@GMAIL.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)

ARTICLE I NAME

PHYSICAL ADVERTISING, CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
205 SOUTH DIXIE DR.

Mailing address, if different is: _____

STE: # 192

HAINES CITY, FLORIDA 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORLANDO PENA Title: President

Name and Title: _____

Address 205 SOUTH DIXIE DR.

Address: _____

SUITE: # 192

HAINES CITY, FLORIDA 33844

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: ORLANDO PENA

Address: 205 SOUTH DIXIE DR. SUITE: 192

HAINES CITY, FLORIDA 33844

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ORLANDO PENA

Address: 205 SOUTH DIXIE DR. SUITE: # 192

HAINES CITY, FLORIDA 33844

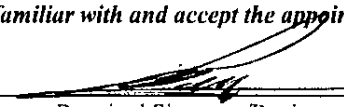
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 11, 2016. (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

APRIL 11, 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.



Required Signature/Incorporator

APRIL 11, 2016

Date