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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AMAZING OPTICAL INCORPORATION**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

113340

Electronic Filing Menu

Corporate Filing Menu

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07-15-13

H14000170887

COVER LETTER

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

SUBJECT: AMAZING OPTICAL INCORPORATION
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

TOM MURPHY
Name (Printed or typed)

555 NE 34th STREET, SUITE 603
Address

MIAMI, FL 33137
City, State & Zip

305-978-5817
Daytime Telephone number

tmurphy@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

(cont.)

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: Thomas P. Murphy, Esquire
Address: 555 N.E. 34th Street
Suite 603, Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS P. MURPHY
Address: 555 NE 34th ST. #603
MIAMI, FL 33137

FILED
16 JUL 15 PM 4:59
TALLAHASSEE, FLORIDA

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

Tom Murphy
Required Signature/Registered Agent

7-15-2016
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.

Tom Murphy
Required Signature/Incorporator

7-15-2016
Date

H16000170887