

P16000058547

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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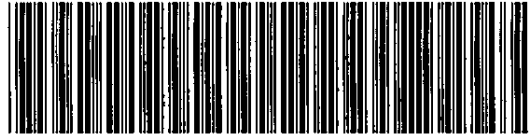
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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~~W16-35741~~

~~W16~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2016

WINSTON A. MAY
2220 SW 34TH STREET, APT.151
GAINESVILLE, FL 32608

SUBJECT: EMPYREAN, INC.
Ref. Number: W16000035741

We have received your document for EMPYREAN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000111314.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 016A00010349

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STATE OF FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 11 PM 12:14

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COVER LETTER

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

SUBJECT: EMPYREAN ENTERPRISES, 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
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: Winston A. May

Name (Printed or typed)

APT 151, 2220 SW 34TH STREET

Address

GAINESVILLE, FL, 32608

City, State & Zip

352-215-8292

Daytime Telephone number

PANNUCCI55@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

The name of the corporation shall be: EMPYREAN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

APT 151, 2220 SW 34TH STREET

GAINESVILLE, FL, 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADVERTISEMENT AND ALL OTHER LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT WINSTON A. MAY

Name and Title: TREASURER WINSTON A. MAY

Address: APT 151, 2220 SW 34TH STREET

Address: APT 151, 2220 SW 34TH STREET

GAINESVILLE, FL, 32608

GAINESVILLE, FL 32608

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

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: JOHN S WINNIE Esq.
Address: 3011 SW 70TH LANE
GAINESVILLE, FL, 32608

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ARTICLE VII INCORPORATOR

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

Name: JOHN S WINNIE Esq.
Address: 3011 SW 70TH LANE
GAINESVILLE, FL, 32608

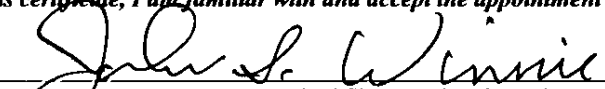
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

JULY 7TH, 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

JULY 7TH, 2016

Date