

P16000065819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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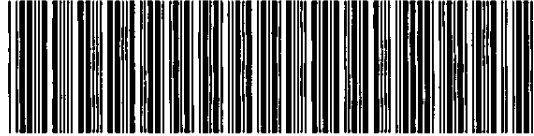
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/29/16
8/10/16

COVER LETTER

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

SUBJECT: AuthentiVox, 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: Stacey S. DeLoye

Name (Printed or typed)

2500 SW 10th Street

Address

Boynton Beach, FL 33426

City, State & Zip

561-307-3111

Daytime Telephone number

sdeloye@authentivox.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: AuthentiVox, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2500 SW 10th Street

Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

AuthentiVox, Inc. provides digital communications and public relations services to individuals, professionals and corporations

The company specializes in authentic, journalism-style storytelling services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey DeLoye, President

Name and Title: _____

Address

2500 SW 10th Street

Address: _____

Boynton Beach, FL 33426

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Stacey DeLoye

Address: 2500 SW 10th Street

Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacey DeLoye

Address: 2500 SW 10th Street

Boynton Beach, FL 33426

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 29 PM 6:26

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

Stacy S. DeLoye
Required Signature/Registered Agent

7-26-16
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.

Stacy S. DeLoye
Required Signature/Incorporator

7-26-16
Date