

P16000069493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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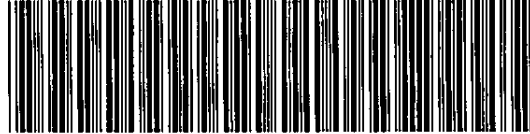
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALLAHASSETT, VERMONT

TAK
8/23/16

COVER LETTER

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

SUBJECT: Envelope South, 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: Adil Bensaid

Name (Printed or typed)

30630 Bittsbury Ct.

Address

Wesley Chapel, FL 33543

City, State & Zip

404-542-7171

Daytime Telephone number

Flyingtiger@Bellsouth.net

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: Envelope South, Inc.

ARTICLE II PRINCIPAL OFFICE

<p style="text-align: center;"><small>Principal street address</small></p> <p><u>1936 Bruce B. Down Blvd., Suite 448</u></p> <p><u>Wesley Chapel, FL 33544</u></p>	<p style="text-align: center;"><small>Mailing address, if different is:</small></p> <p><u>P.O. Box 682345</u></p> <p><u>Marietta, GA 30068</u></p>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal activity.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adil Bensaid, CEO, Treas Name and Title: _____

Address 30630 Bittsbury Ct. Address: _____

Wesley Chapel, FL 33543 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
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: Adil Bensaid
Address: 30630 Bittsbury Ct.
Wesley Chapel, FL 33543

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adil Bensaid
Address: 30630 Bittsbury Ct.
Wesley Chapel, FL 33543

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

Aug 7, 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

Aug 7, 2016

Date