

PI90000 27299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

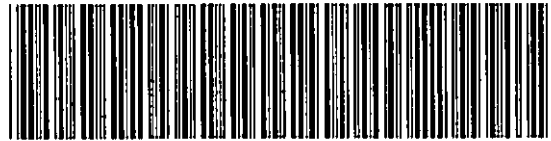
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18 MAR 19 PM 3:06

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COVER LETTER

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

SUBJECT: Your 1 Stop Printing Shop
(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: Ireal Jackson-Gordon
Name (Printed or typed)

2170 Nw 127 Street
Address

Miami, Florida 33167
City, State & Zip

786-229-9170
Daytime Telephone number

i221@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

Your 1 Stop Print Shop Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Ireal Jackson-Gordon

2170 NW 127 Street

2170 NW 127 Street Miami, Florida 33167

Miami, Florida 33167

ARTICLE III PURPOSE

0

The purpose for which the corporation is organized is: _____

The primary purpose of this organization is for printing and personalize items

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CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Ireal Jackson-Gordon President
Name and Title: _____

Name and Title: _____

Address 2170 NW 127 Street

Address: _____

Miami, Florida 33167

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: Ireal Jackson-Gordon
Address: 2170 NW 127 Street
Miami, Florida 33167

ARTICLE VII INCORPORATOR

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

Name: Ireal Jackson-Gordon
Address: 2170 NW 127 Street
Miami, Florida 33167

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 days prior or 90 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
03/15/2018
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
03/15/2018
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA