

P18000034664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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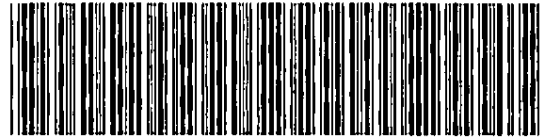
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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APR 12 2018

COVER LETTER

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

SUBJECT: Pollywog Pond Communications, 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: Thomas Paul Severino
Name (Printed or typed)
2724 NE 10th Terrace
Address
Wilton Manors, Florida 33334
City, State & Zip
(954) 235-3477
Daytime Telephone number
tomseverino100@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

Pollywog Pond Communications, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
2724 NE 10th Terrace

Mailing address, if different is: _____

Wilton Manors, Florida 33334

ARTICLE III PURPOSE

Pollywog Pond Communications, Inc. will publish fiction and
The purpose for which the corporation is organized is: _____
non-fiction works for profit. The Corporation will manage all business transactions

related to the creation, publishing, marketing and sale of these publications

as well as all the translation of said publications into other media forms

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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 Paul Severino

Address: 2724 NE 10th Terrace

Wilton Manors, FL 33334

ARTICLE VII INCORPORATOR

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

Name: Thomas Paul Severino

Address: 2724 NE 10th Terrace

Wilton Manors, FL 33334

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ARTICLE VIII EFFECTIVE DATE: April 20, 2018

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

Thomas Paul Severino
Required Signature/Registered Agent

4-9-18
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.

Thomas Paul Severino
Required Signature/Incorporator

4-9-18
Date