

P19000014014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

FEB 19 2019



700324260937

02/08/19--01017--010 **70.00

19 FEB -8 AM 6:29
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CELLULAR TOYS, 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: MURAT FIDANCI

Name (Printed or typed)

3690 CRESWICK CIRCLE UNIT #H

Address

ORANGE PARK, FL 32065

City, State & Zip

203-770-3198

Daytime Telephone number

supsvc0702@yahoo.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: CELLULAR TOYS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1910 WELLS ROAD

ORANGE PARK, FL 32073

Mailing address, if different is:

3690 CRESWICK CIRCLE UNIT #H

ORANGE PARK, FL 32065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MURAT FIDANCI / PRESIDENT

Name and Title: _____

Address 3690 CRESWICK CIRCLE UNIT #H

Address: _____

ORANGE PARK, FL 32065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 FEB -8 AM 6:29
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02-11-01 BY 10400A

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: JOE D. JEFFERSON
Address: 5412 MORSE AVE.
JACKSONVILLE, FL 32244

ARTICLE VII INCORPORATOR

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

Name: MURAT FIDANCI
Address: 3690 CRESWICK CIRCLE UNIT #H
ORANGE PARK, FL 32065

19 FEB -8 AM 6:29
FILED
TALLAHASSEE, FLORIDA

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
02/03/2019
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
02/03/2019
Date