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## **COVER LETTER**

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

Tallahassee, FL 323	314		
SUBJECT: <u>//</u>	anses Joshb PROPOSED CORPORA	rook Publish	ing Co.
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check_for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status PY REQUIRED
	Fiovanni Rent Nam 781 And Ave. N		
<u>L</u>	<u>Keworth, FL.</u> (561) 255-	3346/ . State & Zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Mailing address, if different is:
e:
SEC 19
PR 2
SEE SEE
E. FL E. FL
-
e:

Name and Title:	Name and Title:	
Address	Address:	
· · · · · · · · · · · · · · · · · · ·		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account)	ceptable) of the registered agent is:	
Name: Giovanni Rentas		
Address: 2781 2nd Ave. North		
Lakeupsth, FL. 334	<u>'6/</u>	
ARTICLE VII INCORPORATOR	2016 S.E.	
The <u>name and address</u> of the Incorporator is:	2019 APR 25 SEURE MAIN STALL MAIN	T
Name: Giovanni Rentas	25	
Address: 2781 2nd Ave. NOT	th Lot 94	
Lakeworth, FL. 33	# Lot 94  3461  SSEE 8: 22	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTYON AL)	
(If an effective date is listed, the date must be specific filing.)	and cannot be more than five days prior or 90 days after the	
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be liste's records.	ed as
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint	e of process for the above stated corporation at the place designa ment as registered agent and agree to act in this capacity	ated in
Ri (b-	4/18/19	
Required Signature/Registered	Agent Date	
I submit this document and affirm that the facts stated document to the Department of State constitutes a third d	herein are true. I am aware that the false information submitte legree felony as provided for in s.817.155, F.S.	ed in a
2: Rt-	4)18/19	
Required Signature/Incorporator	Date	

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Our Purpose

Our corporate purpose is to give struggling authors and writers confused about the next step after manuscript completion an offortunity to be seen by the world without having to spend a fortune on hybrid publishing costs, agent fees, and complex contracts which takes more from the author while decreasing public exposure. We will publish when the others wont.