## P19000064665

(Requestor	s Name)			
(Address)				
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PICK-UP	WAIT MAIL			
(Business I	Entity Name)			
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:				

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## **COVER LETTER**

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

SUBJECT: Merma	id Green Publishing, Inc.		
SUBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Name	e (Printed or typed)	<del> </del>
<del></del>	,	Address	
St.	Augustine, FL 32086		
	City,	State & Zip	
919	-274-6032		
	Daytime T	elephone number	
fred	@mermaidgreen.com		
	E-mail address: (to be use	d for future annual report r	otification)

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	ion shall be:	Inc.	
The name of the corporat	ion shall be:		
	LE II PRINCIPAL OFFICE Principal street address Mailing address, if different is:		
320 Lobelia Rd. St. Aug	Principal <u>street</u> address custine, FL 32086	iviating ac	MICOS, II GIII GIII ISC
ARTICI E III PURPO	DSF	فعلمه معيناتها الاست مناسبين	nal artistic fiction and
The purpose for which t	<u>SSE</u> create, whe corporation is organized is:	nte, market and distribute origi	mai atusuc neuon and
	, books and other works of art.		
		·	
			= 5
			<i>(</i> 5.5 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 €
ARTICLE IV SHAR			<u>2</u>
The number of shares of	stock is:	·	
ADTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		\(\overline{\Omega}\)
			; - <del>-</del>
Name and Title	Fredric Tutwiler	Name and Title:	
Address	320 Lobelia Rd.	Address:	
7 tuti Co	St. Augurinw, FL 32086		<del></del> -
			<u>,</u>
Name and Title		Name and Title:	
A 33		Vyquees.	
Address		Address	
		<del></del>	
N1		Name and Title:	
Name and Title		Ivalic and True	
Address		Address:	
		<del></del>	

Name an	nd Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT ac	ecceptable) of the registered agent is:	
Name:	Fredric Tutwiler		
Address:	320 Lobelia Rd.		
riddi CJS.	St. Augustine, FL 32086		
		<del></del>	
ARTICLE VII	INCORPORATOR		19
The name and ac	ddress of the Incorporator is:		
Name:	Fredric Tutwiler		M4 6-50V
Address:	320 Lobelia Rd.		3-9 PM [2:
	St. Augustine, FL 32086		
ARTICLE VIII	other than the date of filing: August 5, 2	2019 (OPTIONA	
(If an effective d	late is listed, the date must be specific	and cannot be more than five days	prior or 90 days after the
filing.)			
	inserted in this block does not meet the ffective date on the Department of State		nts, this date will not be listed as
	ned ag registered agent to accept service am familiar with a <u>nd</u> agrept the appoint		
10			1 1. 7.89
- A	Required Signature/Registered	Agent	Date
 I submit this doc	ument and affirm that the facts stated		e false information submitted in a
document to the	Department of State constitutes a third d	legree felony as provided for in s.817.	155, F.S.
_//	1/1//in		And 219
Requi	red Signature/Incorporator		Data

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