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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: InJoyIt, Incorporated

(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: Diane D. Maimone

Name (Printed or typed)

1015 Coldstream Court

Address

Tarpon Springs, FL 34689-2913

City, State & Zip

352-516-9788

Daytime Telephone number

InJoyItInc@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

The name of the corporation shall be: InJoylt, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1015 Coldstream Court

SAME

Tarpon Springs, FL 34689-2913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diane D. Maimone, Pres

Name and Title: _____

Address 1015 Coldstream Court

Address: _____

Tarpon Springs, FL 34689-2913

Name and Title: Timothy S. Maimone, Vice Pres

Name and Title: _____

Address 1015 Coldstream Court

Address: _____

Tarpon Springs, FL 34689-2913

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: Diane D. Maimone _____

Address: 1015 Coldstream Court _____

Tarpon Springs, FL 34689-2913 _____

ARTICLE VII INCORPORATOR

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

Name: Diane D. Maimone _____

Address: 1015 Coldstream Court _____

Tarpon Springs, FL 34689-2913 _____

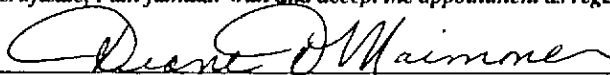
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2019 (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

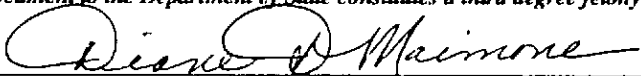


Required Signature/Registered Agent

08/21/19

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

08/21/19

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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Address: _____

Tarpon Springs, FL 34689-2913

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Name and Title: _____

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Address: _____

Tarpon Springs, FL 34689-2913

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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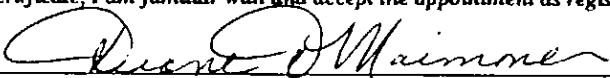
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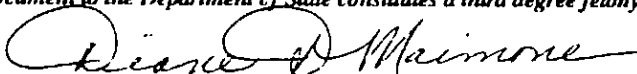


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08/21/19

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