

P20000015980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

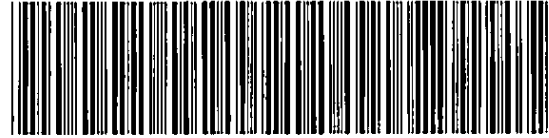
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500340976395

02/21/20--01012--018 **78.75

FILED
2020 FEB 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 FEB 20 12:54

FILED
example

COVER LETTER

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

SUBJECT: Printaphic Design 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 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cristina Rivera
Name (Printed or typed)

1489 Majesty Terrace
Address

Weston FL 33327
City, State & Zip

954-294-6139
Daytime Telephone number

professionals.contact@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: Printgraphic Design Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
18501 Pines Blvd Ste 300
Pembroke Pines FL 33029

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercial printing company
Sign printing and graphic design

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristina Rivera President Name and Title: _____

Address: 1489 Majesty Terrace Address: _____
Weston FL 33327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2020 FEB 21 AM 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Cristina Rivera
Address: 1489 Majesty Terrace
Weston FL 33327

ARTICLE VII INCORPORATOR

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

Name: Cristina Rivera
Address: 1489 Majesty Terrace
Weston FL 33327

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:

Cristina Rivera 2/18/2020
Required Signature/Registered Agent 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.

Cristina Rivera 2/18/2020
Required Signature/Incorporator Date