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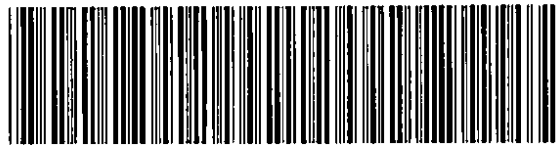
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DATE: 10/02/20

NAME: CODINGSILICON, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a+hodge

COVER LETTER

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

SUBJECT: Coding Silicon, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Keith Michael Glassford
Name (Printed or typed)

379 Park Forest Dr.
Address

Ponte Vedra, FL 32081
City, State & Zip

(858) 229-7748
Daytime Telephone number

keith@codingSilicon.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: CodingSilicon, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

379 Park Forest Dr., Ponte Vedra, FL 32081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Software development from iPhone

Applications too Enterprise Applications

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith Glassford, President Name and Title: _____

Address 379 Park Forest Dr. Address: _____

Ponte Vedra, FL 32081 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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STATE OF FLORIDA

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: Keith Glassford

Address: 379 Park Forest Dr., Ponte Vedra, FL 32081

ARTICLE VII INCORPORATOR

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

Name: Keith M. Glassford

Address: 379 Park Forest Dr.

Ponte Vedra, FL 32081

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

Keith M. Glassford

Required Signature/Registered Agent

10-1-2020

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.

Keith M. Glassford

Required Signature/Incorporator

10-1-2020

Date