

Derrick

P21000002120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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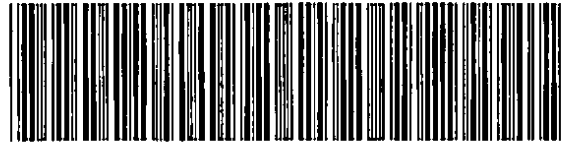
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/28/20--01027--003 **70.00

2021 1 12

Derrick Thompson

1/12/2021

COVER LETTER

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

SUBJECT: Spellbook and Scribble, 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
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: Gina Marie Martorana
Name (Printed or typed)

5416 SW 4th Place
Address

Gainesville, FL 32607
City, State & Zip

(954) 464-3182
Daytime Telephone number

SpellbookandScribble@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: Spellbook and Scribble, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5416 SW 4th Place
Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: transacting any and all
lawful business for which a corporation
may be incorporated under Florida State law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina Martorana, CEO + Name and Title: Evan Griswold

Founder

COO + VP Peer Support

Address

Principal office (PO)

Address

PO

Name and Title: Kyle Boynton

Name and Title: Edward Schmidt

VP Research + Development

VP Production + Design

Address

PO

Address

PO

Name and Title

Name and Title

Name and Title

Name and Title

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Gina Martorana

Address: 5416 SW 4th Place
Gainesville, FL 32607

ARTICLE VII INCORPORATOR

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

Name: Gina Martorana

Address: 5416 SW 4th Place
Gainesville, FL 32607

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/21/20 (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

Gina M. Martorana
Required Signature/Registered Agent

12/21/20
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.

Gina M. Martorana
Required Signature/Incorporator

12/21/20
Date