

P21000034730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

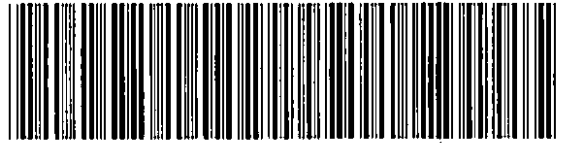
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 APR 16 PM 3:48

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SECRETARY OF STATE
FALL APPEALS ENROLL

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 4/16 Glinda

☐ **CERTIFIED COPY**

xx **PHOTOCOPY**

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xx **FILING**

ARTICLES

1. **DRAGONFILES STAUG, INC.**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Dragonflies Staug. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

323 N Hamilton Springs Rd
Saint Augustine, FL 32084

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Gift Shop

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Merx

Name and Title: Pres/Sect/Treas/Director

Address: 323 N Hamilton Springs Rd
Saint Augustine, FL 32084

Address: _____

Name and Title: Maria Merx

Name and Title: VP/Director

Address: 323 N Hamilton Springs Rd
Saint Augustine, FL 32084

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2021 APR 6 PM 3:48

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: Mark Merx
Address: 323 N Hamilton Springs Rd
Saint Augustine, FL 32084

ARTICLE VII INCORPORATOR

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

Name: Mark Merx
Address: 323 N Hamilton Springs Rd
Saint Augustine, FL 32084

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

Mark Merx Required Signature Registered Agent Mark Merx, Agent 4/15/2021
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.817.135, F.S.

Mark Merx Required Signature/Incorporator Mark Merx, Incorporator 4/15/2021
Date