

P22000083250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

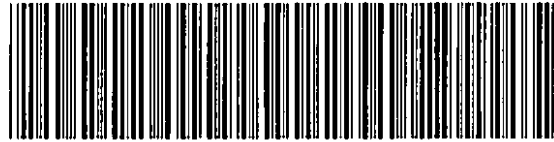
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
NOV - 3 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV - 2 PM 7:57

2022 NOV - 2 PM 4:22

COVER LETTER

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

SUBJECT: PHOTO INNOVATIONS I, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DAVID ROSEN
Name (Printed or typed)

1391 S.W. 115TH AVE.
Address

PEMBROKE PINES, FL 33025
City, State & Zip

336-577-0547
Daytime Telephone number

photoinnovations@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$87.50

AUTHORIZATION SIGNATURE: _____

PHOTO INNOVATIONS I, INC.

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

X___ Certified Copy of Organization (please stamp each page)

X___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

__X__ CORP

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() _____

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Statement of Partnership

___ Reinstatement

___ Statement of Authority

___ Other

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

PHOTO INNOVATIONS I, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

1391 S.W. 115TH AVE.

Mailing address, if different is:

1391 S.W. 115TH AVE.

PEMBROKE PINES, FL 33025

PEMBROKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID ROSEN, PRESIDENT

Name and Title: _____

Address 1391 S.W. 115TH AVE.

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 10 2 14 PM '07

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: DAVID ROSEN
Address: 1391 S.W. 115TH AVE.
PEMBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

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

Name: DAVID ROSEN
Address: 1391 S.W. 115TH AVE.
PEMBROKE PINES, FL 33025

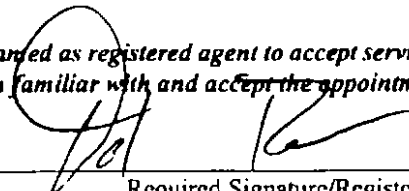
ARTICLE VIII EFFECTIVE DATE:

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.

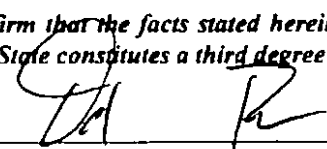
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/1/2022
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

11/1/2022
Date

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
- 2 NOV - 2 PM 7:07