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TRANSMITTAL LETTER

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

FILED
FEB 15 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001408377
-02/16/95--01104--015
****122.50 ****122.50

SUBJECT: Printworks Incorporated
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Printworks Inc (Jim Leake)
Name (printed or typed)

11215 Suite 9 St Johns Bluff Industrial Parkway
Address

Jacksonville Florida 32246
City, State & Zip

904-645-~~XXXX~~ 9231
Daytime Telephone number

2/17/95

(JL)

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

ARTICLES OF INCORPORATION

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95 FEB 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Printworks Incorporated.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11215 Suite 9 St. Johns Bluff Industrial Parkway
Jacksonville-FL 32246

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathy Jaroll
1857 Wells Road, Suite 203
Orange Park, FL 32073

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES ARTHUR LEAKE
608 PATRICIA LANE
JACKSONVILLE BEACH, FLORIDA 32250

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of JANUARY, 1995.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Printworks Incorporated

2. The name and address of the registered agent and office is:

Kathy Jarroll
(Name)

1857 Wells Road Suite 203
(P.O. Box not acceptable)

Orange Park FL 32073
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kathy Jarroll 1/20/95
(Signature) (Date)