Pagoodo Service Pago Company Pa

FILED

99 APR -5 AM 9:58

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

100002828721----04/05/99--01038--008 ******78.75 *****78.75

SUBJECT:	misfits S	oftwore C	'ව,
	(Proposed corpor	rate name - must include suffi	x)
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	□\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY_REQUIRED
FROM: Patricia Marzi - Gray Name (Printed or typed)			
	7080 79HL	Address	
=	Pinellas P	State & Zip	3378/
727-45-9496 Daytime Telephone number			96

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

PH 1/97

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida FILED
Business Corporation Act, hereby adopts the following Articles of Incorporation. 99 APR -5 AM 9: 58
A D'CIT'I L' I NIANAL
The name of the corporation shall be: MISFITS Software SERRITARY OF STATE TÄLLÄHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
6901 22nd Ave N #5-12 Stretus bys, F1 3
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100,600
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Patricia m Gray 7090 79th Ave N
Pinellas Park Fl 33781
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Patricia m Gray 7090 79th Ave N
Pinelles Park 191 33781
Patricia M Story Signatura (Incorporator) Patricia
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

3-/7-99 Date