

TRANSMITTAL LETTER

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

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-07/02/99-01002--011
*****78.75 *****78.75

SUBJECT:

South Graphics Inc
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.5
Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Lisa Darbro

Name (Printed or typed)

5101 N.W. 21st Ave #200

Address

Ft. Lauderdale FL 33300

City, State & Zip

954-735-8700

Daytime Telephone number

99 JUL - 1 AM 9:51
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

South Graphics, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6555 N.W. 9th Ave # 405
Ft. Lauderdale, Fl. 33309

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 Florida street address of the initial registered agent are:

Michel Filteau
263 N.W. 12th Terrace
Coral Springs, Fl. 33071

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michel Filteau
263 N.W. 12th Terrace
Coral Springs, Fl. 33071

X 
Signature/Incorporator

6-7-99
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

X 
Signature/Registered Agent

6-7-99
Date

FILED
JUL - 7 1999
AM 9:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE