

P99000287810

TRANSMITTAL LETTER

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

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-10/01/99--01055--014
*****78.75 *****78.75

SUBJECT: P.S. Printing Specialist, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert L. Isaacs
Name (Printed or typed)

2830 Croton Road
Address

Apopka, Florida, 32703
City, State & Zip

(407) 786-7424
Daytime Telephone number

Robert Isaacs GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp Name
DATE 10-5-99
DCC. EXAM CB

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:

P.S. PRINTING SPECIALIST, INC.

ARTICLE II PRINCIPAL OFFICE

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

2830 Croton Road
Apopka, Florida 32703

ARTICLE III SHARES

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert L. Isaacs
2830 Croton Road
Apopka, Florida 32703

ARTICLE V INCORPORATOR

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

Robert L. Isaacs
2830 Croton Road
Apopka, Florida 32703



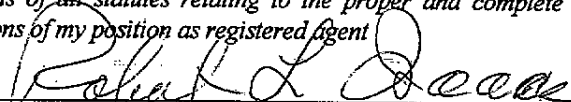
Signature/Incorporator

9-29-99

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.



Signature/Registered Agent

9-29-99

Date

FILED
99 OCT 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA