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## **COVER LETTER**

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

SUBJECT: FUNDS FOR YOURA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	eles of incorporation and	a check for:
☐ \$70.00 ★ \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Linda A. Cleet	(Printed or typed)	
4511 Summer Care	Dr. E #415	
Sasasota FL 3	34243 State & Zip	
941-685-39c	Relephone number	

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Funds For Your Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4511 Summer Case Dr E #415 Sarasota, FL 341243 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Consulting business account recovery. ARTICLE IV SHARES The number of shares of stock is: 1 with no Par value INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): Linda A. Cleet - President REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Linda A. Cleet 4511 Summer Cave Dr E #415 Sarasota, FL 34243 <u>INCORPORATOR</u> The <u>name and address</u> of the Incorporator is: Linda A. Cleet 4511 Summer Care Dr F#415 Sarasota, FL 34243

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

fature/Registered Agent