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## **COVER LETTER**

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

SUBJECT:	OCIAL Plan (PROPOSED CORPORA	WING, INC.		
	(PROPOSED CORPORA	TE NAME <sup>2</sup> MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
□ <b>#7</b> 0.00	□ ##0 ##	□ ¢70.75	\$87.50	
□ \$70.00	□ \$78.75	□ \$78.75	/ 1 ·	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
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		A D D VIDIONIA I. CC	Status	
		ADDITIONAL CO	PY REQUIRED	
	$\mathcal{D}_{i} = \mathcal{R}_{i}$			
FROM: PHONDIA BARDSLEY				
	Name	e (Printed or typed)		
<b>,</b> ~	117 2 RD C-			
717 3 RD STREET NW				
Address				
E	 	7-7	-G	
STEINHATCHEE, FL 32359				
City, State & Zip				
2	352-317-356			
Daytime Telephone number				
	<i>= uj</i> e .			

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

Labards le la gmailicom

E-mail address (to be used for future annual report notification)

ARTICLES OF INCORPORATION
, In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	on shall be: <u>SOCIAL</u>	Planning	, INC.		<del></del>
	PAL OFFICE rincipal street address	<i>J</i>	Mailing a	ddress, if differer	nt is:
717 3 RD	STREET NW		P.O. Box	65	····
	IEE, FL 3235		STEINHAT		
The purpose for which the	corporation is organized is: 10	Provi	de plan	wing.	Services
For CORP	ecorporation is organized is: lo	וליצילע	14/3001	al and	
				· · · · · · · · · · · · · · · · · · ·	
					55 J
ARTICLE IV SHARES The number of shares of ste	ock is:	·			5
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTO	DRS LI PROS	iden T		## 8:
Name and Title:_ Address	Rhonda Bard	Name  N/WAddre	and Title:		<u> </u>
-	4.0, Box 65				
	Teinhatchee, FL Nonda Bordsley, S		<del></del>		<del></del>
Address	117 3th STREET	<b>////</b> Addre	ss:		
Ž	7.0. Box 65				
	Teinhatchee, FL 3	,			
Address		Addre			
_	<del></del>	··- · <del></del>			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
	Box NOT acceptable) of the registered agent is:
Name: Khowda	TREET NW
Address: $7/73 \times 5$	TREET NW
STEINHATCHE	ze, Fl 3235-9
ADTICLE VIII INCORDODATOR	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is	
Name: Khowa Bo	endsfer
Address: PO Box 6	ends fey
Steinhate	hee, FL 3235-5
,	
ARTICLE VIII EFFECTIVE DATE:	(OPTIONAL)
	g: (OPTIONAL) st be specific and cannot be more than five business days prior or 90 business
days after the filing.)	
Note: If the date inserted in this block does the document's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Having been named as registered agent to this certificate, I am familiar with and accep	accept service of process for the above stated corporation at the place designated in of the appointment as registered agent and agree to act in this capacity
Dimin Booting	AT 10.15
Required Signatu	re Registered Agent Date
I submit this document and affirm that the document to the Department of State constit	e facts stated herein are true. I am aware that the false information submitted in a tutes a third degree felony as provided for in s.817.155, F.S.
Inda Bordsle	<u>07.10.15</u>
Required Signature/Incorporator	Date