

P16000072937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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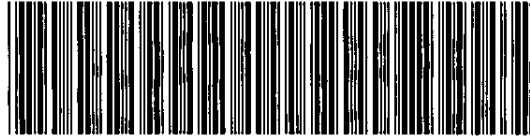
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Notary and Trustee Services, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Dwight Harris

Name (Printed or typed)

686 Normandy O

Address

Delray Beach, Florida 33484-4723

City, State & Zip

310-980-2509

Daytime Telephone number

dharris@pensionprograms.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Notary and Trustee Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

686 Normandy # O

Delray Beach, Fl, 33484-4723

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide notary, trustee, and other financial services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dwight Harris, President

Name and Title: _____

Address 686 Normandy # O

Address: _____

Delray Beach, Fl. 33484-4723

Name and Title: Dwight Harris, Secretary

Name and Title: _____

Address 686 Normandy O

Address: _____

Delray Beach, Fl. 33484-4723

Name and Title: Dwight Harris, Treasurer

Name and Title: _____

Address 686 Normandy # O

Address: _____

Delray Beach, Fl. 33484-4723

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Dwight Harris

Address: 686 Normandy O

Delray Beach, Fl.33484-4723

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dwight Harris

Address: 686 Normandy O

Delray Beach, Fl. 33484-4723

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Dwight Harris

Required Signature/Registered Agent

8-23-16

8-23 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dwight Harris

Required Signature/Incorporator

8-23-16

Date