

N 0 5000005762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

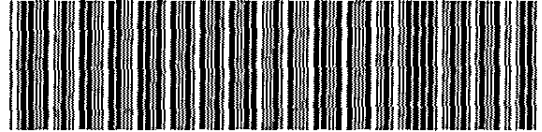
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
05 JUN -3 AM 8:56

J. Shivers JUN 06 2005

TRANSMITTAL LETTER

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

SUBJECT: Inspirational Blessings 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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Rachel Fuller
Name (Printed or typed)

P.O. Box 680583
Address

Orlando FL 32868
City, State & Zip

(407) 297-3707
Daytime Telephone number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -3 AM 8:58

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Inspirational Blessings Inc.

ARTICLE II PRINCIPAL OFFICE

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

7349 Blair Dr. mail: P.O. Box 680583
Orlando FL 32818 Orlando FL 32868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help impoverish men & women

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by Incorporator

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Chester Fuller, Lt. US Army 20yrs.; President
Megan Fuller; College student; Vice President
Rachel Fuller; Teacher/Public Relations, Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rachel Fuller: 7349 Blair Dr.
Orlando FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rachel Fuller: P.O. Box 680583
Orlando FL 32868

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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.

Rachel Fuller
Signature/Registered Agent

6/1/05
Date

Rachel Fuller
Signature/Incorporator
Rachel Fuller

6/1/05
Date