

N/0000003377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT

☐ MAIL

(Business Entity Name)

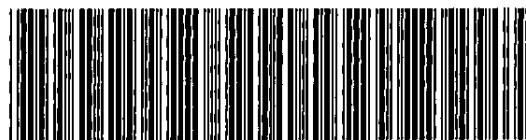
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Handwritten note: *2/ past*

Office Use Only



800173796478

04/06/10--01001--014 **78.75

RECEIVED
10 APR -5 PM 2:41
DEPARTMENT OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
10 APR -5 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
4/5

COVER LETTER

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

SUBJECT: Connected, 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: Angela B. Moore
Name (Printed or typed)

10015 Aster Ave #B
Address

Tampa FL 33612
City, State & Zip

(813) 770-2083
Daytime Telephone number

mooreangela7@aol.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 617, F.S., (Not for Profit)

FILED

10 APR -5 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Connected, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

919 Wilma St.
Tampa Fl. 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help abuse families

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

my election will be by the by-laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

p/o Angela Moore	Inez Godfrey V/D.
919 Wilma St.	919 Wilma St.
Tampa Fl. 33612	Tampa Fl. 33612

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Angela Moore
919 Wilma St.
Tampa Fl. 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Moore
919 Wilma St. Tampa Fl. 33612

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.

Angela Moore
Signature/Registered Agent

4.5.10
Date

Angela Moore
Signature/Incorporator

4.5.10
Date