

N11000001865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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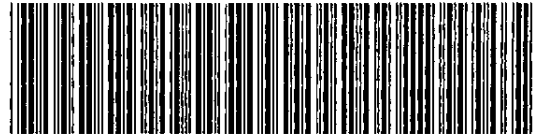
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 FEB 22 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F 2/25

COVER LETTER

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

SUBJECT: Professional Social Networking of Fort Lauderdale 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: G Reginald Stevens
Name (Printed or typed)

4322 Foxtail Lane
Address

Weston FL 33331
City, State & Zip

954 990 0942
Telephone number

steregtaxprep@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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 Professional Social Networking of fort Lauderdale Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4322 Foxtail Lane
Weston FL 33331

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to assist business people in the exchange of social and professional contacts and referrals.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Officers and Directors are elected by a majority vote of the members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wolfgang Benz, President
Address: 700 E Coco Plum Circle #4
Plantation FL 33309

Name and Title: _____
Address: _____

Name and Title: Lauretta Gallinaro, Vice-President
Address: 2559 Jardin Manor
Weston FL 33327

Name and Title: _____
Address: _____

Name and Title: G. Reginald Stevens, Secretary
Address: 4322 Foxtail Lane
Weston FL 33331

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

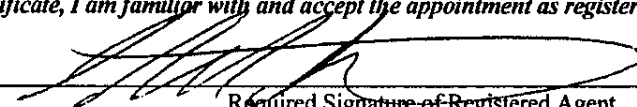
Name: G. Reginald Stevens
Address: 4322 Foxtail Lane
Weston FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: G. Reginald Stevens
Address: 4322 Foxtail Lane
Weston FL 33331

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


Required Signature of Registered Agent

02/17/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


Required Signature of Incorporator

02/17/2011

Date

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TALLAHASSEE, FLORIDA