

N14 000026629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

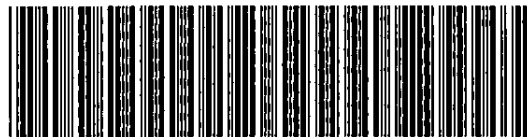
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262234816

07/14/14--01045--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 16 PM 1:02

7/16/14

COVER LETTER

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

SUBJECT: Pieces Of A Dream Network, 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: Larry Ford
Name (Printed or typed)

7512 Dr. Phillips Blvd, Ste 50522
Address

Orlando, FL 32819
City, State & Zip

321-394-8685
Daytime Telephone number

info@podnetwork.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)

ARTICLE I NAME

The name of the corporation shall be: Pieces Of A Dream Network, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7512 Dr. Phillips Blvd

Suite 50522

Orlando, FL 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Personal development company which provides entrepreneurial skill sets to beginning entrepreneurs by way of classes, seminars, books, etc

FILED
SECRETARY OF STATE
JUL 16 PM 1:02
DIVISION OF CORPORATIONS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected by Chairman & Vice President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cecil Jones, Chairman & President

Address: 7512 Dr. Phillips Blvd
Orlando, FL 32819

Name and Title:

Address:

Name and Title: Stephanie Thomas, Vice President & Secretary

Address: 7512 Dr. Phillips Blvd
Orlando, FL 32819

Name and Title:

Address:

Name and Title: Larry Ford, Treasurer

Address: 267 Cranbrook Drive
Kissimmee, FL 34758

Name and Title:

Address:

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Larry Ford

Address: 267 Cranbrook Drive
Kissimmee, FL 34758

ARTICLE VII INCORPORATOR

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

Name: Larry Ford

Address: 267 Cranbrook Drive
Kissimmee, FL 34758

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

7/10/14

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

7/10/14

Date