

N 14000007047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

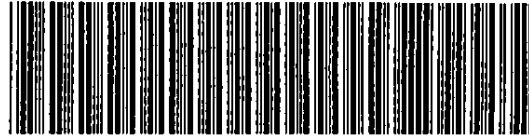
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/29/14

COVER LETTER

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

SUBJECT: **UNSPEAKABKE, 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: **Brian Schafler**

Name (Printed or typed)

9116 Griffin Rd.

Address

Cooper City, FL

City, State & Zip

954-444-4759

Daytime Telephone number

bvitaman@aol.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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

BRIAN SCHAFER
9116 GRIFFIN ROAD
COOPER CITY, FL 33328

SUBJECT: UNSPEAKABLE, INC.
Ref. Number: W14000043729

We have received your document for UNSPEAKABLE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 714A0001611

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2014

BRIAN SCHAFER
9116 GRIFFIN ROAD
COOPER CITY, FL 33328

SUBJECT: UNSPEAKABLE, INC.
Ref. Number: W14000043729

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 25 PM 2:59

RECEIVED

We have received your document for UNSPEAKABLE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 314A00015300

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/29/14

I BRIAN SCHAFLER the owner voluntary dissolved UNSPEAKABLE, INC. (for-profit) and giving myself permission to use UNSPEAKABLE, INC. (for-nonprofit). I also have not intention to reuse UNSPEAKABLE, INC. (for-profit)

Brian Schafler

A handwritten signature in cursive script, appearing to read "Brian Schafler".

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: UNSPEAKABLE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9116 GRIFFIN RD.

Cooper City, FL 33328

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable,
religious, educational, and scientific purposes, including, for such purposes, the making of distributions
to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code,
or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is provided
in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SCHAFLER, BRIAN-P</u>	Name and Title: <u>BEAUREGARD, NICHOLE-TREA</u>
--	---

Address: <u>9116 GRIFFIN RD</u>	Address: <u>9116 GRIFFIN RD</u>
<u>COOPER CITY, FL 33328</u>	<u>COOPER CITY, FL 33328</u>

Name and Title: <u>BEAUREGARD, JEFF-VP</u>	Name and Title: _____
--	-----------------------

Address: <u>9116 GRIFFIN RD</u>	Address: _____
<u>COOPER CITY, FL 33328</u>	_____

Name and Title: <u>SERENA, SCHAFLER-SEC</u>	Name and Title: _____
---	-----------------------

Address: <u>9116 GRIFFIN RD</u>	Address: _____
<u>COOPER CITY, FL 33328</u>	_____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SCHAFLER, BRIAN
Address: 9116 GRIFFIN RD
COOPER CITY, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SCHAFLER, BRIAN
Address: 9116 GRIFFIN RD
COOPER CITY, FL 33328

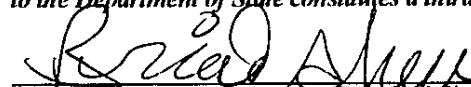
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TALLAHASSEE, FLORIDA

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

7/14/14
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

7/14/14
Date