

N16000006763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

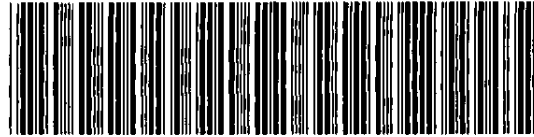
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 11 2016
TALLAHASSEE, FL 32306

16 JUL -8 PM 2:15

APR 11 2016

07/08/16--01004--011 **87.50

TO AGENCY, EASE
SUFFICIENT FOR FILING

16 JUL -8 PM 1:25

RECEIVED
DEPARTMENT OF STATE

Handwritten signature

COVER LETTER

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

SUBJECT: Porter's 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: Dorothy Porter
Name (Printed or typed)

281 Spring Meadow Road
Address

Quincy Fl. 32351
City, State & Zip

(850)661-0424
Daytime Telephone number

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

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

16 JUL -8 PM 2:15

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Porter & Denson INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

281 Spring Meadow Road

Quincy Fl. 32351

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help in power people with

Knowledge to live a better life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

At a meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(Director)

Name and Title: Montika Porter

Address

Sugar Bear Lane
Tallahassee Fl. 32304

(President)

Name and Title: Derrick Porter

Address

338 Spring Meadow Rd
Quincy Fl. 32351

(V-President)

Name and Title: Kendrick Porter

Address

281 Spring Meadows Rd
Quincy Fl. 32351

(CEO)

Name and Title: Dorothy Porter

Address

281 Spring Meadow Rd
Quincy Fl. 32351

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: Dorothy Porter

Address: 281 Spring Meadow Rd.

Quincy Fl. 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorothy Porter

Address: 281 Spring Meadow Road

Quincy Fl. 32351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dorothy Porter

Required Signature of Registered Agent

7/8/16

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.

Dorothy Porter

Required Signature of Incorporator

7/8/16

Date