

N1700000/316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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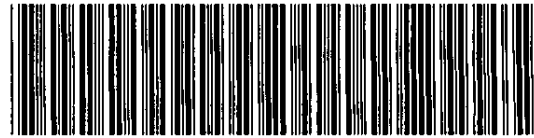
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/07/17

COVER LETTER

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

SUBJECT: Undivided 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: Rick Thompson
Name (Printed or typed)

16010 Ridgewood Ave
Address

Montverde, FL 34756
City, State & Zip

321-689-7759
Daytime Telephone number

Rick@undivided.online

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: Undivided Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16010 Ridgewood Ave
Montverde, FL 34756

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote music and minister to the general public.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rick Thompson, President Name and Title:

Address 16010 Ridgewood Ave Address:
Montverde, FL 34756

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: Rick Thompson
Address: 16010 Ridgewood Ave
Montverde, FL 34756

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rick Thompson
Address: 16010 Ridgewood Ave
Montverde, FL 34756

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

Rick Thompson
Required Signature of Registered Agent

2/3/17
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.

Rick Thompson
Required Signature of Incorporator

2/3/17
Date