

N19000005101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

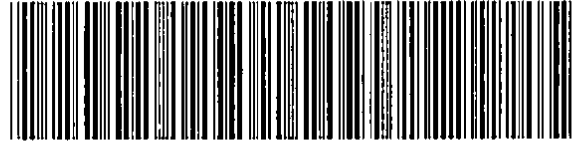
(Business Entity Name)

(Document Number)

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2019 MAY 16 PM 4:50
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COVER LETTER

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

SUBJECT: Compelled by Love ~~Maistry~~, 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: Sean Cain
Name (Printed or typed)

242 Gables Court
Address

Tallahassee, Florida, 32304
City, State & Zip

(850) 661-7275
Daytime Telephone number

~~sean~~ sean.cain88@yahoo.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: Compelled by Love, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

242 Gables Court
Tallahassee, Fl.
32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Not for profit

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Cain CEO Name and Title: _____

Address 242 Gables Court Address: _____
Tallahassee, Fl.
32304

Name and Title: Brian Chambliss Treasurer Name and Title: _____

Address 6027 ~~Ox~~ Bottom Manor Drive Address: _____
Tallahassee, Fl.
32312

Name and Title: Terry Bolton Secretary Name and Title: _____

Address 242 Gables Court Address: _____
Tallahassee, Fl.
32304

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TALLAHASSEE, FLA.

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: Sean Cain

Address: 242 Gables Court
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean Cain

Address: 242 Gables Court
Tallahassee, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 16 MAY 2019 (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

Sean Michael Cain
Required Signature of Registered Agent

16 MAY 2019
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.

Sean Michael Cain
Required Signature of Incorporator

16 MAY 2019
Date