

N220 0000 0624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

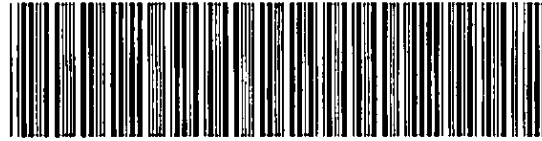
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JAN 26 2022

C

COVER LETTER

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

SUBJECT: VARANORMAL, 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: Keith J. Clark

Name (Printed or typed)

2660 Orangewood Ct.

Address

Palm Harbor, FL 34684

City, State & Zip

813-514-5434

Daytime Telephone number

info@varanormal.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: VARANORMAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

30190 US Highway 19N #1065

Clearwater, FL 33761.

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose for which the corporation is organized is to collect, preserve, and share information regarding the advancement of paranormal sciences. To research and develop practical applications of subtle energies for the betterment of mankind.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As Per ByLaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith J. Clark P. D

Address: 2660 Orangewood Ct.

Palm Harbor, FL. 34684

Name and Title: Karyn Dianne Jarvie V. D, S

Address: 35 Peveril Street

Tinonee, 2430

NSW Australia

Name and Title: Marie Bongiovanni D, T

Address: 1352 HWY 7 North

Holly Springs, MS 38635

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Keith J. Clark

Address: 2660 Orangewood Ct

Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

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

Name: Keith J. Clark

Address: 2660 Orangewood Ct

Palm Harbor, FL 34684

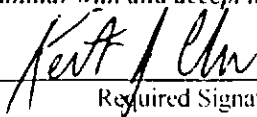
ARTICLE VIII EFFECTIVE DATE:

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

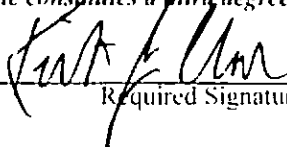


Required Signature of Registered Agent

01/10/2022

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

01/10/2022

Date

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TALLAHASSEE, FLORIDA

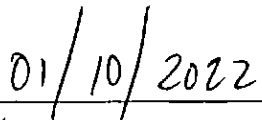
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, Keith J. Clark, hereby accept the Appointment as Registered Agent for
VARANORMAL, INC. :

Having been named as registered agent and 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.



Signature/Registered Agent



Date

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