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(Address)

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S. CHATHAM

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2024 SEP -9 PM 5:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: AssureMom.com 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: Jeffrey Scribner

Name (Printed or typed)

3285 Churchill Drive

Address

Boyton Beach, FL 33435

City, State & Zip

215-208-0585

Daytime Telephone number

jeff\_08302@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: AssureMom.com Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3285 Churchill Drive

Boyton Beach, FL 33435

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AssureMom.com provides physical, financial and emotional support for older Americans in their respective  
communities.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeffrey Scribner -CEO - Director

Address: 3285 Churchill Drive  
Boyton Beach, FL 33435

Name and Title:

Address:

Name and Title: Dr. Ronald Rowes - Director

Address: 3285 Churchill Drive  
Boyton Beach, FL 33435

Name and Title:

Address:

Name and Title: Josephine Pascale - Director

Address: 3285 Churchill Drive  
Boyton Beach FL 33435

Name and Title:

Address:

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TALLAHASSEE, FL

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: Jeffrey Scribner  
Address: 3285 Churchill Drive  
Boyton Beach, FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey Scribner  
Address: 3285 Churchill Drive  
Boyton Beach, FL 33435

**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

09/09/2024

\_\_\_\_\_  
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

09/09/2024

\_\_\_\_\_  
Date

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