

N/250000/2185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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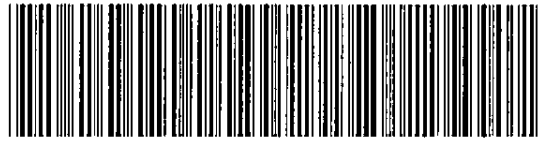
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEC. OF STATE  
TALLAHASSEE, FL

CMS

## COVER LETTER

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

**SUBJECT:** PRIMARY PURPOSE RIDES INC. (W25000102930)

(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 Fahey  
\_\_\_\_\_  
Name (Printed or typed)

4120 3rd Ave NW  
\_\_\_\_\_  
Address

Naples FL 34119  
\_\_\_\_\_  
City, State & Zip

(239)832-5602  
\_\_\_\_\_  
Daytime Telephone number

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

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

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: PRIMARY PURPOSE RIDES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4120 3rd Ave NW

Naples FL 34119

Mailing address, if different is:

(Same)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide free, effective and professional transportation to in-house residents of sober living homes.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As stated by Bylaws

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

Name and Title: Sean Fahey

Address: 4120 3rd Ave NW

Naples FL 34119

(239)832-5602

Name and Title: Peter Fleming

Address: 4120 3rd Ave NW

Naples FL 34119

(239)877-7450

Name and Title: Richard Spencer

Address: 4120 3rd Ave NW

Naples FL 34119

(585)329-0045

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
ALL COUNTY CLERK  
CLERK OF COURT

FILED

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 Fahey \_\_\_\_\_

Address: 4120 3rd Ave NW \_\_\_\_\_

Naples FL 34119 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Sean Fahey \_\_\_\_\_

Address: 4120 3rd Ave NW \_\_\_\_\_

Naples FL 34119 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/1/2025 (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*

Signed by:

Required Signature of Registered Agent  
3E8D840203C9418...

9/1/2025

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.*

Signed by:

Required Signature of Incorporator  
3E8D840203C9418...

9/1/2025

Date

SEC. OF STATE  
TALLAHASSEE, FL

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