

PO3000085901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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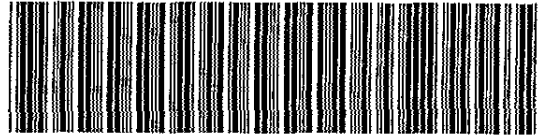
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 8/6/03

TRANSMITTAL LETTER

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

SUBJECT: PROUD TO BE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: ISABEL POSSINGER

Name (Printed or typed)

3281 N W 47 AVE

Address

COCONUT CREEK, FL 33063

City, State & Zip

954-972-9273

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
PROUD TO BE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
3281 N W 47 AVE
COCONUT CREEK, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:
ONE THOUSAND (1000) COMMON SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ISABEL POSSINGER DP
3281 N W 47 AVE
COCONUT CREEK, FL 33063

STEVEN POSSINGER DV
3281 N W 47 AVE
COCONUT CREEK, FL 33063

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ISABEL POSSINGER
3281 N W 47 AVE
COCONUT CREEK, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ISABEL POSSINGER
3281 N.W 47 AVE
COCONUT CREEK, FL 33063

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

Isabel Possinger
Signature/Registered Agent

08-02-2003
Date

Isabel Possinger
Signature/Incorporator

08-02-2003
Date

ISABEL POSSINGER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA