

P04000042389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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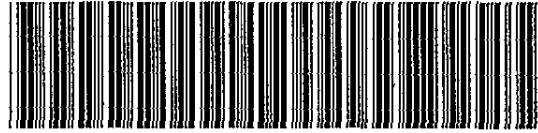
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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42389

TRANSMITTAL LETTER

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

SUBJECT: ROLLOVER NOW, 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: PAULA J. SHANAHAN
Name (Printed or typed)

13011 S.E. CROOKED STICK LANE
Address

HOBE SOUND, FL 33455
City, State & Zip

561-818-5633
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: **ROLLOVER NOW, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**13011 S.E. CROOKED STICK LANE
HOBE SOUND, FL. 33455**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**INTERNET DIRECTORY OF
INVESTMENT PROFESSIONALS**

ARTICLE IV SHARES

The number of shares of stock is: **1,000 (ONE THOUSAND)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**PAULA SHANAHAN, PRES. & TREAS.
13011 S.E. CROOKED STICK LANE
HOBE SOUND, FL. 33455**

**BARRY SHANAHAN
Same**

ARTICLE VI REGISTERED AGENT

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

**PAULA SHANAHAN
13011 S.E. CROOKED STICK LANE, HOBE SOUND, FL. 33455**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**PAULA SHANAHAN
13011 S.E. CROOKED STICK LANE, HOBE SOUND, FL. 33455**

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


Signature/Registered Agent

2/23/04
Date


Signature/Incorporator

2/23/04
Date

FILED
04 MAR - 1 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA