

P06000102656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

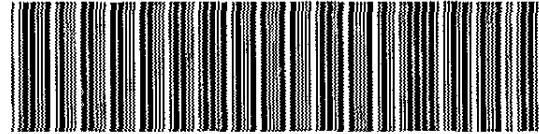
(Document Number)

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2006 AUG -7 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 8 2006

## COVER LETTER

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

SUBJECT: No Boundaries, 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: Paul Adams

Name (Printed or typed)

2391 Ivanhoe St

Address

Port Charlotte FL 33952

City, State & Zip

1-941-258-2276

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2006

PAUL ADAMS  
2391 IVANHOE ST  
PORT CHARLOTTE, FL 33952

SUBJECT: NO BOUNDARIES, INC.  
Ref. Number: W06000033502

We have received your document for NO BOUNDARIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 706A00047798

**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:

PTA No Boundaries, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2391 Ivanhoe St Port Charlotte FL 33952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is the transaction of any and all lawful business for which a corporation may be incorporated under the Florida General Corporation Act, as the same may from time to time be amended.

**ARTICLE IV SHARES**

The number of shares of stock is:

The aggregate number of shares of capital stock which this corporation shall have the authority to issue shall be seven thousand five hundred shares (7,500) of common stock, all of the same class and having a par value of \$1.00.

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

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

Paul Adams 2391 Ivanhoe St Port Charlotte FL 33952 President

Kim Adams 2391 Ivanhoe St Port Charlotte FL 33952 Vice President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Paul Adams 2391 Ivanhoe St Port Charlotte FL 33952

**ARTICLE VII INCORPORATOR**

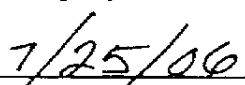
The name and address of the Incorporator is:

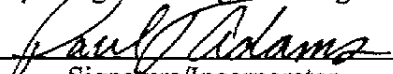
Paul Adams 2391 Ivanhoe St Port Charlotte FL 33952

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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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA