

P06000143955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 14 PM 4:07

VH

COVER LETTER

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

SUBJECT: P1 Groupe Incorporated

(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: Jeff Easterling

Name (Printed or typed)

5009 Excellence Blvd #210

Address

Tampa, FL 33617

City, State & Zip

813.841.4316

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2006

JEFF EASTERLING
5009 EXCELLENCE BLVD #210
TAMPA, FL 33617

SUBJECT: P1 GROUPE INCORPORARED
Ref. Number: W06000042063

We have received your document for P1 GROUPE INCORPORARED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0202(b), Florida Statutes, required the street address of the principal office and, if different the mailing address of the corporation. A post office box is not acceptable for the principal office.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 006A00057231

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:

P1 Groupe Incorporated

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 161528
Altamonte Springs, FL
32716

5009 EXCELLENCE BLVD. # 210
TAMPA, FL 33617

(MAILING ADDRESS)

(PHYSICAL ADDRESS)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

400

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jeff Easterling
Co-Owner
5009 Excellence Blvd #210
Tampa, FL 33617

Eric Burch
Co-Owner
P.O. Box 161528
Altamonte Springs, FL 32716

ARTICLE VI REGISTERED AGENT

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

Jeff Easterling
5009 Excellence Blvd.
Tampa, FL
33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeff Easterling
P.O. Box 161528
Altamonte Springs, FL
32617

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

8.23.2006

8.23.2006