

P08000045447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

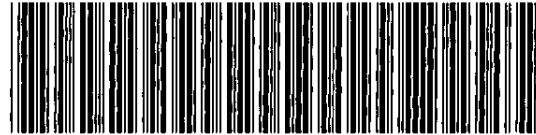
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY -5 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/6

COVER LETTER

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

SUBJECT: RETURN IF LOST, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ANDREW J. LEVINE

Name (Printed or typed)

902 CLINT MOORE RD SUITE 216

Address

BOCA RATON FL 33487

City, State & Zip

561-241-4500

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:

RETURN IF LOST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

902 CLINT MOORE RD SUITE 216
BOCA RATON FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Registration service, namely, assignment of identification numbers to affix to valuables to enhance recovery of lost or stolen property, and disseminating information relating to lost or stolen property via the internet.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANDREW J. LEVINE, 902 CLINT MOORE RD SUITE 216 BOCA RATON FL 33487

ARTICLE VI REGISTERED AGENT

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

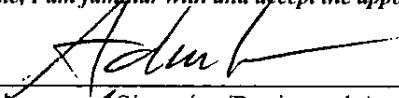
ANDREW J. LEVINE, 902 CLINT MOORE RD SUITE 216 BOCA RATON FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREW J. LEVINE, 902 CLINT MOORE RD SUITE 216 BOCA RATON FL 33487

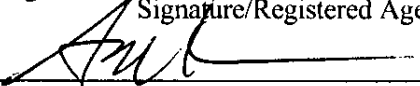
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-1-2008

Date



Signature/Incorporator

5-1-2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA