

PO9000028877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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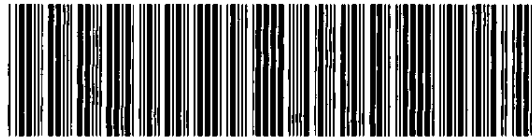
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** 21st Century Plus Investments, 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:** Adled L. Hines  
Name (Printed or typed)

2850 Sunrise Lakes Dr. W Apt. 303  
Address

Sunrise, FL 33322-2487  
City, State & Zip

954-579-1255 (954) 579-1255  
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:

21st Century Plus Investments, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

2850 Sunrise Lakes Dr. W Apt. 303, Sunrise, FL 33322-2487

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

## 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):

Adled L. Hines, 2850 Sunrise Lakes Dr. W Apt. 303, Sunrise, FL 33322-2487, President/ Secretary/ Treasurer

## ARTICLE VI REGISTERED AGENT

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

Adled L. Hines, 2850 Sunrise Lakes Dr. W Apt. 303, Sunrise, FL 33322-2487

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator

Adled L. Hines, 2850 Sunrise Lakes Dr. W Apt. 303, Sunrise, FL 33322-2487

**SIGN  
& DATE**

**SIGN  
& DATE**

\*\*\*\*\*

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



Signature/Incorporator

3/24/09

Date

3/24/09

Date

FILED  
09 MAR 30 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA