

PO 9000037664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

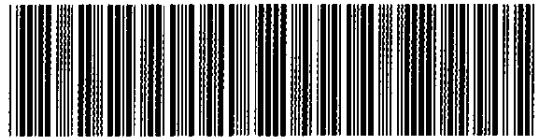
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/09--01041--019 **70.00

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COVER LETTER

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

SUBJECT: COOLEY FINANCIAL 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: BRIDGETTE COMER

Name (Printed or typed)

5022 SUNRIDGE PALMS DR #203

Address

TAMPA, FL 33617

City, State & Zip

813-477-4954

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:

COOLEY FINANCIAL INC

ARTICLE II PRINCIPAL OFFICE

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

5022 SUNRIDGE PALMS DR. #203
TAMPA, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE FINANCIAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:
100 SHARES.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIDGETTE COMER
5022 SUNRIDGE PALMS DR. #203
TAMPA, FL 33617

ARTICLE VI REGISTERED AGENT

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

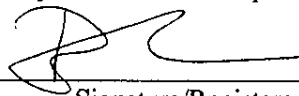
BRIDGETTE COMER
5022 SUNRIDGE PALMS DR. #203
TAMPA, FL 33617

ARTICLE VII INCORPORATOR

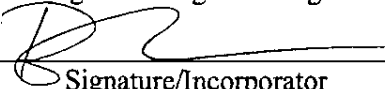
The name and address of the Incorporator is:

BRIDGETTE COMER
5022 SUNRIDGE PALMS DR. #203
TAMPA, FL 33617

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

4/22/09
Date
4/22/09
Date

FILED
09 APR 27 PM 8:11
SECRETARY OF STATE
TAMPA, FLORIDA