

P09009053254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

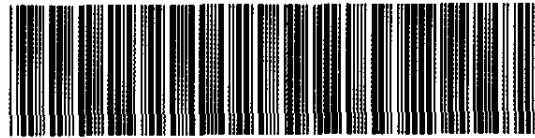
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000156257750

05/27/09--01027--005 **87.50

FILED
09 JUN 17 AM 5:18

[Handwritten signature]

COVER LETTER

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

SUBJECT: SAFE DATE 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: Sheila Mahone
Name (Printed or typed)

900 S. Lake Adair Blvd.
Address

Orlando, FL 32804
City, State & Zip

321-695-6015
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2009

SHEILA MAHONE
900 S LAKE ADAIR BLVD
ORLANDO, FL 32804

SUBJECT: SAFE DATE INC.
Ref. Number: W09000025049

We have received your document for SAFE DATE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You must list at least one incorporator with a complete business street address.

Please return the corrected 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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 609A00018050

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:

SAFE DATE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

900 S. Lake Adair Blvd.
Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide a service to individuals and any
lawful business transaction.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sheila Mahone, President and Corporate Director
900 S. Lake Adair Blvd.
Orlando, FL 32804

ARTICLE VI REGISTERED AGENT

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

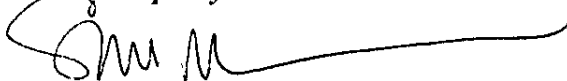
Sheila Mahone
900 S. Lake Adair Blvd.
Orlando, FL 32804

ARTICLE VII INCORPORATOR

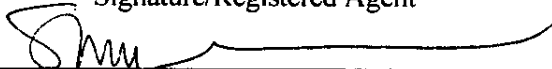
The name and address of the Incorporator is:

Sheila Mahone
900 S. Lake Adair Blvd
Orlando, FL 32804

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

6/15/09

Date

6/15/09

Date

09 JUN 17 AM 5:18

FILED