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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status :
Special Instructions to	Filing Officer:	
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# COVER LETTER

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

SUBJECT:	Prison Pen Pal Inc			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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	
	ADDITION		IAL COPY REQUIRED	
FROM:	Nam	Michael Bonsall e (Printed or typed)		
		E Appaloosa St Address		
		ia, FL 34266 State & Zip	<del></del>	
		-558-2608 Telephone number		
	support@  E-mail address: (to be use	orisonpenpal.net	notification)	

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:

Prison Pen Pal Inc

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 3029 NE Appaloosa St, Arcadia, FL 34266 PO BOX 2901, Arcadia, FL 34266

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide an online listing of Pen Pals

#### 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):

Shawn M. Bonsall - PO BOX 2901, Arcadia, FL 34265 Janet A Bonsall - 8808 Dement Court, Waldorf, MD 20603

#### ARTICLE VI REGISTERED AGENT

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

Shawn M Bonsall 3029 NE Appaloosa Street Arcadia, FL 34266

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shawn M Bonsall PO BOX 2901

Arcadia, FL 34265

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

Ol Jone Og Date