

P10000045131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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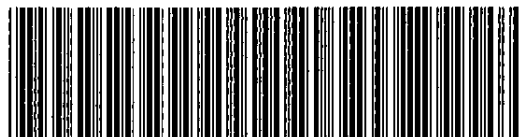
(Business Entry Name)

(Document Number)

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2010 MAY 25 A 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5-26-10
01-96-5

COVER LETTER

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

SUBJECT: MY RULES MY REALITY, 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: TONI SHINN

Name (Printed or typed)

5561 BLUETICK DRIVE

Address

ORLANDO, FLORIDA 32810

City, State & Zip

407-690-8950

Daytime Telephone number

myrulesmyreality@gmail.com

E-mail address: (to be used for future annual report 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:
MY RULES MY REALITY, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
5561 BLUETICK DRIVE ORLANDO, FLORIDA 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COMMUNITY AND NEIGHBORHOOD DESIGNING

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):

TONI SHINN
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

TONI SHINN
5561 BLUETICK DRIVE
ORLANDO, FLORIDA 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


TONI SHINN

5561 BLUETICK DRIVE, ORLANDO, FLORIDA 32810

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

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2010 MAY 25 A 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-19-10

Date

5-19-10

Date