

P1000087572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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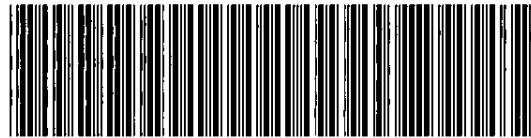
(Business Entity Name)

(Document Number)

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10/25/10--01024--006 \*\*78.75

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OCT 25 PM 3 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 10/27/10

## COVER LETTER

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

SUBJECT: CHAPTER 7 PRO SE, CORP.,  
(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: MARSHA HAYDEN  
Name (Printed or typed)

7451 WILES ROAD, STE 207  
Address

CORAL SPRINGS, FL, 33067  
City, State & Zip

888-885-7017  
Daytime Telephone number

drfs.us@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: Chapter 7 Pro Se, Corp.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
7451 Wiles Rd. Ste 207  
Coral Springs  
Florida 33067

Mailing address, if different is:

4333 EMERALD DR  
LAKE WORTH  
FLORIDA 33461

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
**FILLING OUT CHAPTER 7 BANKRUPTCY FORMS.**

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARSHA HAYDEN, PRESIDENT  
Address: 4333 EMERALD VIS. DR  
LAKE WORTH  
FLORIDA 33461

Name and Title: ROBERT BROWN, DIRECTOR  
Address: 4333 EMERALD VIS. DR  
LAKE WORTH  
FLORIDA 33461

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: PETER POWELL  
Address: 4333 EMERALD VIS. DR  
LAKE WORTH, FL 33461

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARSHA HAYDEN  
Address: 4333 EMERALD VIS. DR  
LAKE WORTH, FL 33461

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

Peter Powell

Required Signature/Registered Agent

10-20-2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marsha Hayden

Required Signature/Incorporator

10-20-10  
Date