

P11000004574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

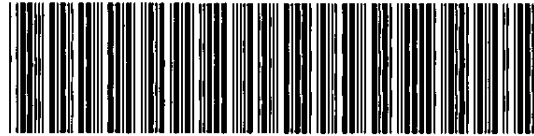
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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11 JAN 14 AM 11:23

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JAN 14 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

75 1/14/11

## COVER LETTER

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

SUBJECT: Adventures in Bridge, 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: Robert Todd

Name (Printed or typed)

2601 Stonegate Dr

Address

Tallahassee, FL 32308

City, State & Zip

850 570 6459

Daytime Telephone number

robert.s.todd@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:

**Adventures in Bridge, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2601 Stonegate Dr  
Tallahassee, FL 32308

Mailing address, if different is:

PO Box 14915  
Tallahassee, FL 32317-4915

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**to teach and promote the game of  
bridge.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**5**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert Todd, President and CEO

Address: 2601 Stonegate Dr  
Tallahassee, FL 32308

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

Address: \_\_\_\_\_

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: Robert Todd

Address: 2601 Stonegate Dr  
Tallahassee, FL 32308


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Theresa Andino

Address: 1833 Halstead Blvd, Apt 707  
Tallahassee, FL 32309

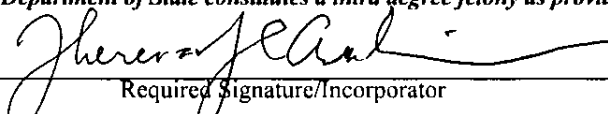
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

1/11/11

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.*

  
Required Signature/Incorporator

1/11/11

Date

FILED  
JAN 14 AM 11:29  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA