

P11000004574

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$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:

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Robert S. Todd
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.

Theresa Andino
Required Signature/Incorporator

1/11/11
Date