

P110000056595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kathy S. McGuire GAVE

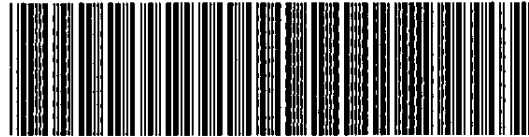
AUTHORIZATION BY PHONE TO

CORRECT Suffix in Article-1

DATE 6-17-11 AT 11:27 A.M.

DOC. EXAM. S. Collins

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2011 JUN 16 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
6-17-11

COVER LETTER

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

SUBJECT: Sustainability Plus, 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: Kathy S. McGuire

Name (Printed or typed)

104 Doe Trail

Address

Jupiter, FL 33458

City, State & Zip

561.748.6750

Daytime Telephone number

kathysmcguire@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 JUN 16 PM 2:30

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Sustainability Plus, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
104 Doe Trail
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Sustainability Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathy S. McGuire, President
Address: 104 Doe Trail
Jupiter, FL 33458

Name and Title: _____
Address: _____

Name and Title: William McGuire, V.P.
Address: P.O. Box 11222
Pompano Beach, FL 33061

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: Kathy S. McGuire
Address: 104 Doe Trail
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathy S. McGuire
Address: 104 Doe Trail
Jupiter, FL 33458

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

Kathy S. McGuire
Required Signature/Registered Agent

6/10/11
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.

Kathy S. McGuire
Required Signature/Incorporator

6/10/11
Date

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CLERK OF THE COURT
JULIA A. BEEBE, CLERK
TALLAHASSEE, FL 32301