

P/1000059310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

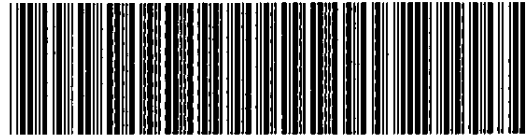
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900209124099

06/24/11--01026--030 \*\*78.75

RECEIVED  
11 JUN 24 AM 11:52  
FALL A MASSIE, FLORIDA

TC 06/28/11

## COVER LETTER

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

SUBJECT: Right By Your Side, 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: Lisa M. Stephens  
Name (Printed or typed)

1004 Kingsborough Gardens Ct  
Address

Lutz FL 33548  
City, State & Zip

813-786-3863  
Daytime Telephone number

coffeycup1960@yahoo.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: Right By Your Side, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1004 Kingsboro Gardens CT  
LUTZ FL 33548  
Kingsborough

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Starting A New Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lisa M. Stephens CEO/Pres.  
Address: 1004 Kingsboro Gardens CT  
LUTZ FL 33548  
Kingsborough

Name and Title: Sheila A. Coffey CFO/secretary  
Address: 3556 Marlinspike DR  
Tampa FL 33607

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: Lisa M. Stephens  
Address: 1004 Kingsboro Gardens CT  
LUTZ FL 33548  
Kingsborough

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sheila A. Coffey  
Address: 3556 Marlinspike DR  
Tampa FL 33548

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

X Lisa M. Stephens  
Required Signature/Registered Agent

6/20/2011  
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.

Sheila A. Coffey  
Required Signature/Incorporator

6/20/11  
Date

11 JUN 26 AM 11:52  
STATE  
TALLAHASSEE FLORIDA