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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

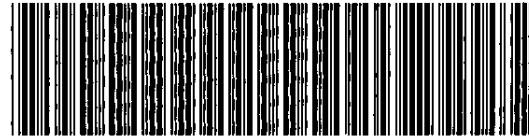
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: All About Saving, 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: Kim Squeri-Rega

Name (Printed or typed)

4628 NE 60 Terrace

Address

Silver Springs, FL 34488

City, State & Zip

352-804-5229

Daytime Telephone number

AllAboutSavingInc@aol.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

All About Saving, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4628 NE 60 Terrace
Silver Springs, FL 34488

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim Squeri-Rega, President	Name and Title: _____
Address: 4628 NE 60 Terrace	Address: _____
Silver Springs, FL 34488	_____

Name and Title: Stephanie M. McElreath, Vice President	Name and Title: _____
Address: 4785 NE 28 Terrace	Address: _____
Ocala, FL 34479	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Kim Squeri-Rega
Address: 4628 NE 60 Terrace
Silver Springs, FL 34488

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kim Squeri-Rega
Address: 4628 NE 60 Terrace
Silver Springs, FL 34488

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Kim Squeri-Rega
Required Signature/Registered Agent

08/20/2011
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.

Kim Squeri-Rega
Required Signature/Incorporator

08/20/2011
Date