

P1200004978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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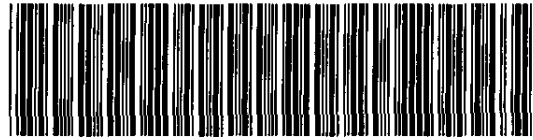
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: Pay It Forward Business Solutions, 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: John Lampe Schilo Shumate
Pay It Forward Business Solutions, Inc
Name (Printed or typed)

620 N Summit Ave
Address

Lake Helen, FL
City, State & Zip

386-804-3663
Daytime Telephone Number

FireMedic10@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 Pay It Forward Business Solutions, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
620 N Summit Ave
Lake Helen, FL 32744

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Mailing address, if different is:
12 29 PM 2-37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Internet Business, Online Sales and Marketing

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Lampe, President Name and Title: Schilo Shumate, Director
Address: 620 N Summit Ave Address: 620 N Summit Ave
Lake Helen, FL 32744 Lake Helen, FL 32744

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

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: John Lampe
Address: 620 N Summit Ave
Lake Helen, FL 32744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Schilo Shumate
Address: 620 N Summit Ave
Lake Helen, FL 32744

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

John Lampe Required Signature/Registered Agent 5/23/12 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.

Schilo Shumate Required Signature/Incorporator 5-23-12 Date