

P12000054500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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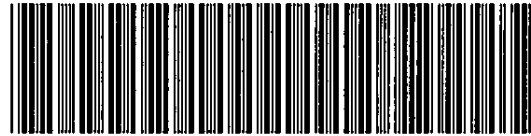
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/12--01023--016 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 11:46

Ps 6/15/12

COVER LETTER

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

SUBJECT: **PROVEXSER, 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: **STEPHEN G. MCCLELLAND**

Name (Printed or typed)

15 NORTH AURORA AVE

Address

CLEARWATER, FL 33765

City, State & Zip

727-458-3993

Daytime Telephone number

SGMCCLELLAND@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)

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DIVISION OF CORPORATIONS

12 JUN 15 AM 11:44

ARTICLE I NAME

The name of the corporation shall be: **PROVEXSER, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1251 SOUTH MISSOURI AVE
CLEARWATER, FL 33756

Mailing address, if different is:
C/O STEPHEN G. MCCLELLAND
15 NORTH AURORA AVE
CLEARWATER, FL 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: **ONE HUNDRED (100) SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN G. MCCLELLAND, PRESIDENT	Name and Title: _____
Address: 15 NORTH AURORA AVE	Address: _____
CLEARWATER, FL 33765	_____

Name and Title: KIMBERLY E. MCCLELLAND,	Name and Title: _____
Address: SECRETARY/TREASURER	Address: _____
15 NORTH AURORA AVE	_____
CLEARWATER, FL 33765	_____

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:

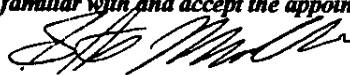
Name: **STEPHEN G. MCCLELLAND**
Address: **15 NORTH AURORA AVE**
CLEARWATER, FL 33765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **STEPHEN G. MCCLELLAND**
Address: **15 NORTH AURORA AVE**
CLEARWATER, FL 33765

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

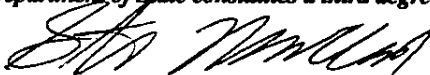


Required Signature/Registered Agent

6-10-2012

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.



Required Signature/Incorporator

6-10-2012

Date