

P120000068082

(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



700238184987

08/06/12--01012--009 **78.75

FILED
12 AUG -6 PM 4:53
SECRETARY OF STATE
TREASURY DIVISION

146

COVER LETTER

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

SUBJECT: PLS Ventures, 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: Patricia Stevenson
Name (Printed or typed)
708 Kittyhawk Way
Address
North Palm Beach, FL 33408
City, State & Zip
561-317-2574
Daytime Telephone number
fitpropat2409@bellsouth.net
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: **PLS VENTURES, INC.**

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
708 KITHAWAY Way
North Palm Beach
FL 33408

12 AUG -6 PM 4: 53
Mailing address, if different is:

SECRETARY OF STATE
SPRINGFIELD 4000
FLORIDA 32399-0001

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

venture capitalist

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Stevenson
Address: President

708 KITHAWAY Way
NPB, FL 33408

Name and Title: Patricia Stevenson, Trus.
Address: _____

Name and Title: Patricia Stevenson
Address: Vice - President

Name and Title: Patricia Stevenson
Address: Secretary

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: Patricia Stevenson
Address: 708 KITHAWAY Way
N.P.B., FL 33408

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Patricia Stevenson
Address: 708 KITHAWAY Way
NPB, FL 33408

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

7/26/12
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.



Required Signature/Incorporator

7/26/12
Date