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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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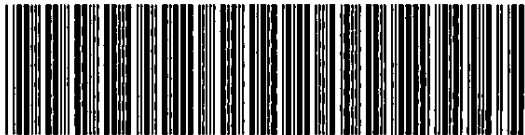
(Business Entity Name)

(Document Number)

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

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1. What is the purpose of the study?  
2. What are the research questions?  
3. What are the hypotheses?  
4. What are the variables?  
5. What are the methods?  
6. What are the results?  
7. What are the conclusions?

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## COVER LETTER

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

SUBJECT: **Pro-Con Group, 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: **Annabel Prado**

Name (Printed or typed)

**13762 W. State Road 84, Suite 264**

Address

**Davie, FL 33325**

City, State & Zip

**954-993-7181**

Daytime Telephone number

**Darryl@HungryHandymanCrew.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: Pro-Con Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13762 W. State Road 84, Suite 264

Davie, FL 33325

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transacting any and all business under Chapter 607 and/or Chapter 621 F.S.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Annabel Prado - Pres

Name and Title: \_\_\_\_\_

Address 13762 W. State Road 84

Address: \_\_\_\_\_

Suite 264

Davie, FL 33325

Name and Title: Darryl Owen - VP

Name and Title: \_\_\_\_\_

Address 13762 W. State Road 84

Address: \_\_\_\_\_

Suite 264

Davie, FL 33325

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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(conti.)

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: Annabel Prado

Address: 13762 W. State Road 84, Suite 264

Davie, FL 33325

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Annabel Prado

Address: 13762 W. State Road 84, Suite 264

Davie, FL 33325

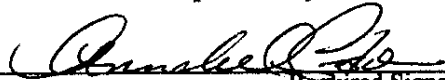
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/8/13  
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

1/8/13  
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