

P130000/5021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

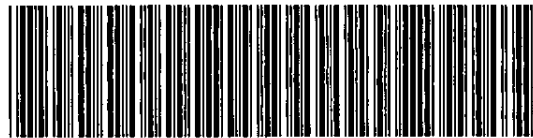
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800244511998

02/13/13--01002--021 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 13 AM 11:28

Ps 2/14/13

COVER LETTER

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

SUBJECT: Write it Right Incorporated
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Pamela McDonnough
Name (Printed or typed)
3299 NW 44th Street #6
Address
Fort Lauderdale, FL 33309
City, State & Zip
(954)913-9701
Daytime Telephone number
pamela.mcdonnough@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Write it Right Incorporated

13 FEB 13 AM 11:28

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3299 NW 44th Street #6

Fort Lauderdale, FI 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela McDonnough (President)

Name and Title: _____

Address 3299 NW 44th Street #6

Address: _____

Fort Lauderdale, FI 33309

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 FEB 13 AM 11:28

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pamela McDonnough

Address: 3299 NW 44th Street #6

Fort Lauderdale, FI 33309

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Pamela McDonnough

Address: 3299 NW 44th Street #6

Fort Lauderdale, FI 33309

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

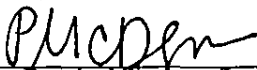


Required Signature/Registered Agent

2/11/2013

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

2/11/2013

Date