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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

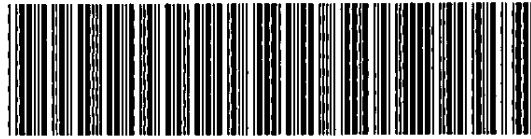
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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RECEIVED  
13 FEB 25 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 FEB 25 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 2/25/13

## COVER LETTER

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

SUBJECT: **Blessed Futures, 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      ☒ \$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: **Dara A. Royster**

Name (Printed or typed)

**2125 Jackson Bluff, Apt. K103**

Address

**Tallahassee, FL 32304**

City, State & Zip

**850-524-0038**

Daytime Telephone number

**blessedfuturesinc@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**

**ARTICLE I NAME**  
The name of the corporation shall be: Blessed Futures, Inc.

13 FEB 25 PM 1:18

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2125 Jackson Bluff

Apt. K103

Tallahassee, FL 32304

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Merchandise selling

**ARTICLE IV SHARES** 800  
The number of shares of stock is:

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

Name and Title: Dara A. Royster, ~~Officer~~ Director

*Officer*  
*President*  
Name and Title: Nyesha S. Thompson, ~~Officer~~

Address 2125 Jackson Bluff

Address: 2125 Jackson Bluff

Apt. K103

Apt. K103

Tallahassee, FL 32304

Tallahassee, FL 32304

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED (cont.)

13 FEB 25 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Nyesha S. Thompson  
Address: 2125 Jackson Bluff, Apt. K103  
Tallahassee, FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dara A. Royster  
Address: 2125 Jackson Bluff, Apt. K103  
Tallahassee, FL 32304

*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*

[Signature]  
Required Signature/Registered Agent

2/24/13  
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.*

[Signature]  
Required Signature/Incorporator

2-24-13  
Date