

P13000027532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

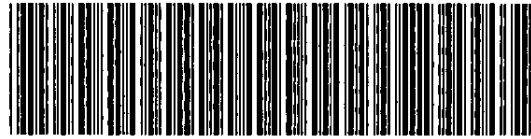
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
3/26/13

## COVER LETTER

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

SUBJECT: Chargeup FL  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Natali Rodriguez  
Name (Printed or typed)

3194 Stirling Rd, Unit L4  
Address

Hollywood, FL 33021  
City, State & Zip

(954) 682-4903  
Daytime Telephone number

NataliCR2@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)

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**ARTICLE I NAME**

The name of the corporation shall be: ChargeUPFL, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

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

3194 Stirling Rd, Unit L4  
Hollywood, FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business in the state of  
Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000.

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

Name and Title: Natali Rodriguez Name and Title: \_\_\_\_\_

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

3194 Stirling Rd, L4

Hollywood, FL 33021

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

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

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

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

(conti.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Natali Rodriguez  
Address: 3194 Stirling Rd. Unit L4  
Hollywood, FL 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Natali Rodriguez  
Address: 3194 Stirling Rd, Unit L4  
Hollywood, FL 33021

*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*

<u>Natali Rodriguez</u>	<u>3/20/13</u>
Required Signature/Registered Agent	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.*

<u>Natali Rodriguez</u>	<u>3/20/13</u>
Required Signature/Incorporator	Date