

P13000029150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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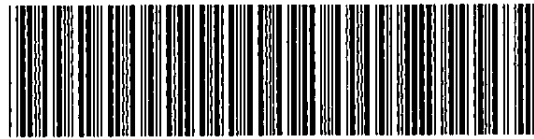
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers APR 01 2013
W13-1
691



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2013

DEBORAH SUMMERVILLE
3717 MT CARMEL LANE
MELBOURNE, FL 32901

SUBJECT: SUMMERVILLA CORPORATION
Ref. Number: W13000015160

We have received your document for SUMMERVILLA CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 513A00006095

COVER LETTER

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

SUBJECT: Summerville Corporation
(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: Deborah Summerville
Name (Printed or typed)

3717 MT Carmel Lane
Address

Melbourne, FL 32901
City, State & Zip

954-849-8995
Daytime Telephone number

deb2403@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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: Summervilla Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3717 MT. Carmel Lane
Melbourne, FL 32901

Summervilla
P.O. Box 62016
Palm Bay, FL 32906-2016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a for profit corporation
which will lend money to consumers awaiting
the disposing of their money from different
types of lawsuits or workers compensation cases.

ARTICLE IV SHARES

The number of shares of stock is: 25 ~~10~~ 10 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

N/A

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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(cont.)

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: Maria Ridde
Address: 1757 Croghan Drive
Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Summerville
Address: 3717 Mt Carmel Ln
Melbourne, FL 32901

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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

Maria Ridde
Required Signature/Registered Agent

3/8/13
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.

Deborah Summerville
Required Signature/Incorporator

3/8/13
Date