

P13 000052491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

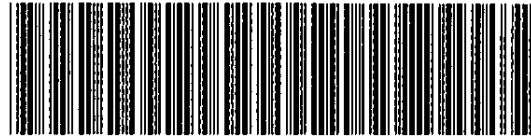
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUN 17 AM 11:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 6/18/13

COVER LETTER

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

SUBJECT: ASK - Edwin.com, 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: Edwin C Rivera
Name (Printed or typed)

1251 SWAN AVE.
Address

MIAMI SPRINGS, FL 33166
City, State & Zip

305-905-7676
Daytime Telephone number

askedwin7@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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Ask-Edwin.com, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Edwin C. Rivera, MPH
1251 SWAN AVE.

Mission Springs, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Information
and Trainings in Health Prevention and
Diabetes Prevention, Human Resources
Trainings including Communication and
Human Relations, Sales, Leadership, Customer
Service, Organizational and Personal Coaching,
Internet Blogging and Selling of House and
office Products.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Edwin C. Rivera, MPH

Name and Title:

Address

President/CEO

Address:

1251 SWAN AVE

Mission Springs FL

33166

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 JUN 17 AM 11:08

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Edwin C. Rivera, MPH
Address: 1251 SWAN Ave.
Miami Springs, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edwin C. Rivera, MPH
Address: 1251 SWAN Ave.
Miami Springs, FL 33166

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

June 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.

[Signature]
Required Signature/Incorporator

June 11, 2013
Date