

P13000057383

(Requestor's Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -1 PM12:00

Gr 7/8/13

COVER LETTER

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

SUBJECT: 29 Degrees Latitude, 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: Paula Bowers
Name (Printed or typed)
743 Laurel Bay Circle
Address
New Smyrna Beach, FL 32169
City, State & Zip
864-505-0470
Daytime Telephone number
Pbowers43@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL - 1 PM 12:00

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:

29 Degrees Latitude, Inc

13 JUL -1 PM 12:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

743 Laurel Bay Circle

P.O. Box 462

New Smyrna Beach, FL 32169

New Smyrna Beach, FL 32170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in business for profit authorized in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Bowers - owner

Name and Title: Steve Bowers - Co-owner

Address 743 Laurel Bay Circle
New Smyrna Beach FL 32169

Address: 743 Laurel Bay Circle
New Smyrna Beach, FL 32169

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Paula Bowers
Address: 743 Laurel Bay Circle
New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paula Bowers
Address: 743 Laurel Bay Circle
New Smyrna Beach, FL 32169

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

Paula Bowers 6/28/13
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.

Paula Bowers 6/28/13
Required Signature/Incorporator Date
Paula Bowers

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL - 1 PM 12:00