

P13000065856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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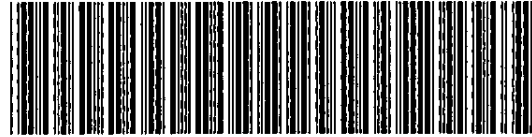
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG -5 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

114

COVER LETTER

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

SUBJECT: Rich Momentum 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: Marie Rich

Name (Printed or typed)

941 North Grandview Street

Address

Mount Dora, FL 32757

City, State & Zip

352-348-2404

Daytime Telephone number

marierich031512@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: Rich Momentum Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address SECRETARY OF STATE
TALLAHASSEE FLORIDA

941 North Grandview Street

Mount Dora, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: sales of gift baskets and weight loss
management consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie Rich, President

Name and Title: Randall Rich, Sec/Treas

Address: 941 North Grandview Street
Mount Dora, FL 32757

Address: 941 North Grandview Street
Mount Dora, FL 32757

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont)

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Name and Title: _____ Name and Title: 13 AUG -5 AM 9:39
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: Laura L Keller, EA
Address: 5021 Lighterwood Ct
Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Marie Rich
Address: 941 North Grandview Street
Mount Dora, FL 32757

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

Laura L Keller
Required Signature/Registered Agent

07/23/2013

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.

Marie Rich
Required Signature/Incorporator

07/23/2013

Date