

P130000067634

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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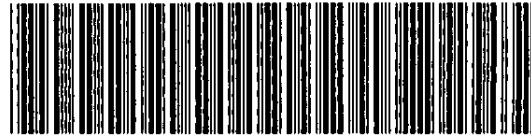
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 13 PM 4:26

1113-44077

8/16/13

COVER LETTER

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

SUBJECT: Providential Provision 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:

Providential Provision Inc.
Name (Printed or typed)

P.O. Box 3074
Address

Holiday, Fl. 34692
City, State & Zip

727-777-2742
Daytime Telephone number

deborah.g.ppi@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2013

DEBORAH A. GIGLIOTTI
P.O. BOX 3074
HOLIDAY, FL 34692

SUBJECT: P.P.I.: PROVIDENTIAL PROVISION INC.
Ref. Number: W13000044077

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

Corporations may file using only the corporate name. Please delete the acronym in the corporate name.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 713A00018950

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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:

ProVidential ProVision Inc. 13 AUG 13 PM 4:26

ARTICLE II PRINCIPAL OFFICE

Principal street address

4004 Bonita Rd.
Holiday, FL 34691

* Mailing address, if different is:

P.O. Box 3704
Holiday, FL 34692

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND ALL LAWFUL Business

a social enterprise of
Samaritan-Charities Inc., a non profit org. created to meet
the immediate needs of the Homeless Women and Men Veterans
within the Tampa Bay area the past 4 years. Our Green Team is
an inclusive work setting employing transitioning Veterans
who seek training services and supports. We serve as a "Bridge"
of Re-engagement, empowering and equipping each person
completing our 90 day certification to become economically self-sustain
and productive by utilizing training with Bioponic/Hydroponic
Greenhouse Solutions Kits
created from Recycling material.

ARTICLE IV SHARES

The number of shares of stock is:

13,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President Name and Title: Deborah Giglietti C.E.O. Name and Title: _____

Address 4004 Bonita Rd. Address: _____
P.O. Box 3704
Holiday, FL 34692

treasurer Name and Title: Raphael Pretto Name and Title: _____

Address 10641 Jacamar Dr. Address: _____
New Port Richey, FL
34654

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:

Lina Buchanan

Address:

3212 Peterborough St.
Holiday, FL 34691

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Deborah A. Gigliotti

Address:

4004 Bonita Rd.
Holiday, FL 34691

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

Lina Buchanan
Required Signature/Registered Agent

7-29-13
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 A. Gigliotti
Required Signature/Incorporator

7-29-13
Date

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