

PB000074154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

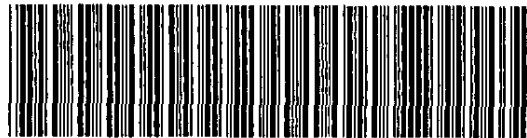
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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13 SEP -6 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 9/11/13

**COVER LETTER**

FIN  
46-3554503

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

**SUBJECT: My Divorce Advice, 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: Barbara L. Mehl**

Name (Printed or typed)

**800 Via Royale, #807**

Address

**Jupiter, FL 33458**

City, State & Zip

**561-707-5395**

Daytime Telephone number

**mehl.barbara@gmail.com and barbara@mydivorceadvice.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)

**ARTICLE I NAME**

The name of the corporation shall be: My Divorce Advice, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

800 Via Royale, #807

Jupiter, FL 33458

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MAILING ADDRESS, IF DIFFERENT IS:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To coach individuals seeking a divorce

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Barbara Mehl, President

Address 800 Via Royale, #807

Jupiter, FL 33458

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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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: Barbara Mehl  
Address: 800 Via Royale, #807  
Jupiter, FL 33458

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Mehl  
Address: 800 Via Royale, #807  
Jupiter, FL 33458

*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*

<u>B. Mehl</u>	<u>9/3/13</u>
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.*

<u>B. Mehl</u>	<u>9/3/13</u>
Required Signature/Incorporator	Date