

P13000095275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

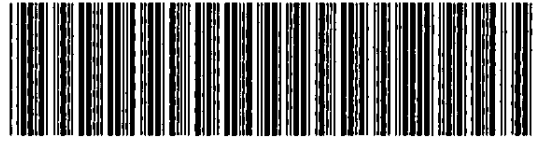
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/22/13--01017--014 **70.00

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SECTION OF STATE
TALLAHASSEE, FLORIDA

R 11/25/13

COVER LETTER

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

SUBJECT: Road LESS Published Corp
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Matthew Scott Senge
Name (Printed or typed)

6315 Chapel Pines Blvd
Address

Wesley Chapel, Florida 33545
City, State & Zip

813-992-1187
Daytime Telephone number

msenge@roadtoredeemptionministries.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: Road LESS Published Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6315 Chapel Pines Blvd

Wesley Chapel, FL 33545

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide a means of publishing for self
published authors and a way of advertising via our world wide
radio show "Road LESS Published" on blogtalkradio.com

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Scott Senge Name and Title: _____

Address 6315 Chapel Pines Blvd Address: _____
Wesley Chapel, Fl 33545

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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(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: Matthew Scott Senge
 Address: 6315 Chapel Pines Blvd
Wesley Chapel, FL 33545

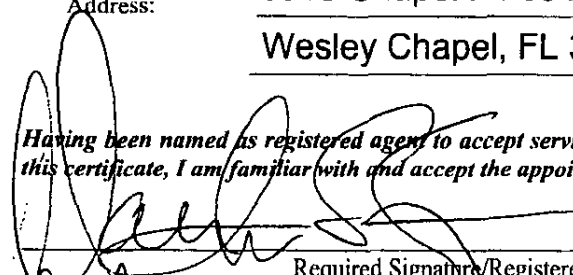
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Matthew Scott Senge
 Address: 6315 Chapel Pines blvd
Wesley Chapel, FL 33545

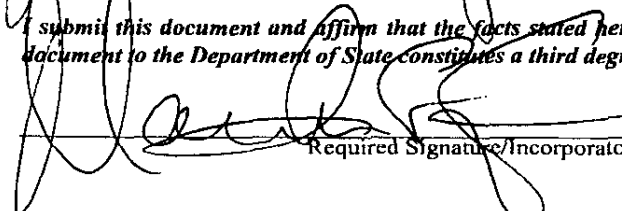
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

11/1/2013
 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.



 Required Signature/Incorporator

11/1/2013
 Date