

PI3000096198

(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



600254008096

11/27/13--01013--020 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2013 NOV 27 PM 4:14

14

COVER LETTER

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

SUBJECT: Supporting Growth 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: Mandie Espino

Name (Printed or typed)

563 Pachman Cir

Address

Lehigh Acres, Florida 33974

City, State & Zip

239-839-2983

Daytime Telephone number

supportinggrowth@hotmail.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:

Supporting Growth Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 NOV 27 PM 4:14

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

563 Pachman Cir

Lehigh Acres, Fl 33974

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the highest quality of support services to individuals in our community with physical and developmental disabilities.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mandie Espino, President

Name and Title: _____

Address

563 Pachman Cir

Address: _____

Lehigh Acres, Fl 33974

Name and Title: Mandie Espino, Treasurer

Name and Title: _____

Address

563 Pachman Cir

Address: _____

Lehigh Acres, Fl 33974

Name and Title: Mandie Espino, Secretary

Name and Title: _____

Address

563 Pachman Cir

Address: _____

Lehigh Acres, Fl 33974

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Mandie Espino
Address: 563 Pachman Cir
Lehigh Acres, FL 33974

ARTICLE VII INCORPORATOR

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

Name: Mandie Espino
Address: 563 Pachman Cir
Lehigh Acres, FL 33974

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>Mandie Espino</u>	<u>11/25/2013</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>Mandie Espino</u>	<u>11/25/2013</u>
Required Signature/Incorporator	Date