

P19000045549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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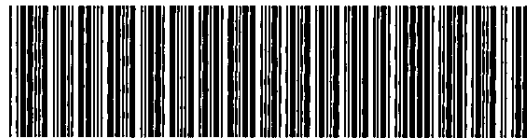
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/14--01028-004

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
14 MAY 15 AM 7:30
\$70.00

COVER LETTER

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

SUBJECT: Software Partner Resources 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Campbell

Name (Printed or typed)

5200 Lillian Hwy, 36261

Address

Pensacola, FL 32516

City, State & Zip

(813) 625-6828

Daytime Telephone number

rcampbell@pleson.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: Software Resource Partners Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

23043 Sunfield Drive

Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose of the Company is to conceive, design, develop, market and sell software applications to the public and business communities as well as any and all ancillary products or services to include the development of web & print advertising materials and direct mail conduits.

ARTICLE IV SHARES 500

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Campbell, CEO

Address 5200 Lillian Hwy

36261

Pensacola, FL 32516

Name and Title: Brandon Jones, CTO

Address: 23043 Sunfield Drive

Boca Raton, FL 33433

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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14 MAY 15 AM 7:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Brandon Jones
Address: 23043 Sunfield Drive
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Campbell
Address: 5200 Lillian Hwy, 36261
Pensacola, FL 32516

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

Brandon Jones

Required Signature/Registered Agent

May 12, 2014

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.

Robert L. Campbell

Required Signature/Incorporator

May 12, 2014

Date

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TALLAHASSEE FLORIDA