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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: A STR8UP RECOVERY , 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: STEPHEN MASIELLO

Name (Printed or typed)

1 HAWTHORNE DRIVE

Address

LAKE PARK, FL 33403

City, State & Zip

561-506-2938

Daytime Telephone number

masiello.steve@yahoo.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: A STR8UP RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 HAWTHORNE DRIVE

LAKE PARK, FL 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN MASIELLO, PRES.

Address: 1 HAWTHORNE DRIVE
LAKE PARK, FL 33403

Name and Title: MICHELLE SCHRADER, VP

Address: 3763 BAHAMA ROAD
PALM BEACH GARDENS, FL 33410

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: STEPHEN MASIELLO
Address: 1 HAWTHORNE DRIVE
LAKE PARK, FL 33403

ARTICLE VII INCORPORATOR

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

Name: STEPHEN MASIELLO
Address: 1 HAWTHORNE DRIVE
LAKE PARK, FL 33403

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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

Stephen Masiello
Required Signature/Registered Agent

05/28/2014

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.

Stephen Masiello
Required Signature/Incorporator

05/28/2014

Date